



# Health Care in Massachusetts: Key Indicators

June 2008

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Commonwealth of Massachusetts  
Timothy P. Murray  
Lieutenant Governor



JudyAnn Bigby, Secretary  
Executive Office of Health and Human Services  
Sarah Iselin, Commissioner  
Division of Health Care Finance and Policy

## About this Report

*Health Care in Massachusetts: Key Indicators* is the second edition of a quarterly report from the Division of Health Care Finance and Policy. *Key Indicators* provides an overview of the Massachusetts health care landscape through data reported by providers, health plans, government, and through surveys of Massachusetts residents and employers.

We received positive feedback from many regarding the first edition of this report and have incorporated suggestions for improvement where possible. We want to continue to make this report as useful as possible and welcome your feedback.

In this edition of *Health Care in Massachusetts: Key Indicators*, the Division has enhanced its approach for estimating the number of people with health insurance (pages 2-3). This edition also includes updates of the following: Uncompensated Care Pool volume and cost trends (pages 7-10), health insurance premiums compared to the Connector's new affordability schedule for 2008 (pages 11-12), health plan financial performance (pages 14-17), hospital financial performance (pages 18-23), and some of the access to care charts (pages 33-35). New to this edition is detailed information on individual hospital financial performance (page 24). Other new charts include: trends in Commonwealth Choice premiums (page 13), as well as indicators related to seniors including enrollment in Prescription Advantage (page 36) and MassHealth (page 37). New data are currently unavailable for the employer survey (pages 4-6), community health center financial performance (pages 25-27), and the remaining access to care charts (pages 28-32); these pages are carried over from the previous edition.

The Division would like to thank Nancy Turnbull of the Harvard School of Public Health for her strategic and analytic support in the conception and development of this report, and staff at the Department of Public Health, including Monica Valdes Lupi, Bruce B. Cohen, Gerald O'Keefe, and Zi Zhang (formerly of DPH) for their significant contributions to the health care access section. We also thank Robin Callahan and Ben Walker in the Office of the Medicaid Director, Bob Carey and Kaitlyn Kenney at the Commonwealth Health Insurance Connector Authority, Randy Garten in the Office of Elder Affairs, Nancy Schwartz at the Division of Insurance, and Catherine Moore at the Group Insurance Commission for their support and review of the data. Finally, we thank the staff at the health plans for their timely responses to our requests for enrollment data.

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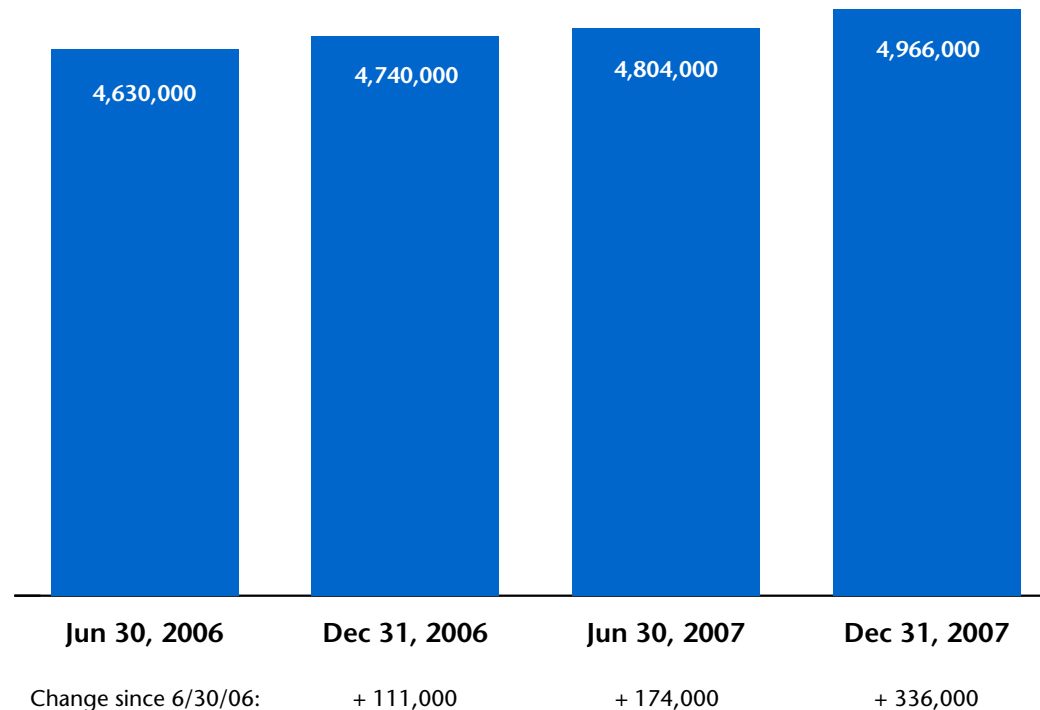
**Design, Editing, Layout, and Distribution:** Shelley Fortier, Harry O. Lohr, Jr., Emily O'Brien, Heather Shannon, and Rick Vogel

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# People with Health Insurance

## Excludes Medicare Enrollees

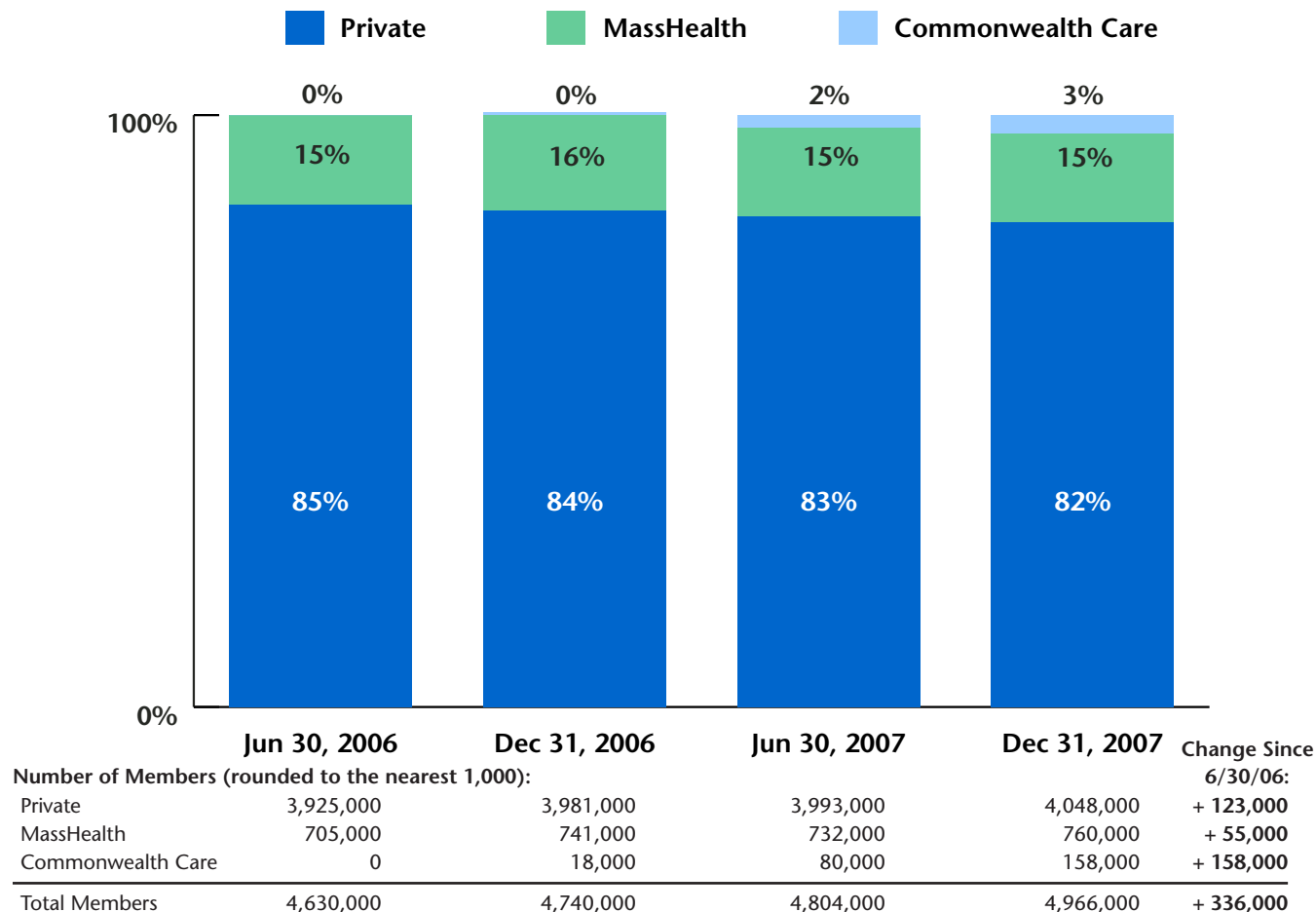


The number of people enrolled in private or subsidized health insurance products has increased by 336,000 since health care reform began to be implemented.

Notes: Data reflect total enrollment, rounded to the nearest thousand, as of the specified date. Totals include all Massachusetts residents enrolled in the following health plans: Aetna (HMO, ASO business/self-insured, and Chickering), Blue Cross Blue Shield (BCBSMA and HMO Blue as well as Massachusetts residents insured through other Blue Cross Association plans), Boston Medical Center HealthNet Plan, CIGNA, ConnectiCare, Fallon, Group Insurance Commission (GIC), Harvard Pilgrim Health Care (HPHC) including subsidiary Health Plans, Inc., Health Markets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, MassHealth, Neighborhood Health Plan, Network Health, Tufts, and United Health Care (UHC). GIC and Tufts may include a small number of enrollees who are not Massachusetts residents. Data exclude the following insured Massachusetts residents: Enrollees of UHC Passport and Compass (a joint venture between HPHC and UHC), federal employees not insured through a commercial carrier, active duty military personnel and their families who receive services through Champus/Tricare only, inmates of the Department of Correction, and approximately 12,000 people insured through small employers who purchase coverage from health plans that are not required to report quarterly enrollment statistics to the Division of Insurance (DOI), as well as some other small and out-of-state suppliers of health insurance to Massachusetts residents not required to file with DOI.

Sources: Membership reported to DHCFP by health plans, MassHealth, and the Group Insurance Commission; Commonwealth Care enrollment data from the Connector

# Insured Population by Type of Insurance Excludes Medicare Enrollees



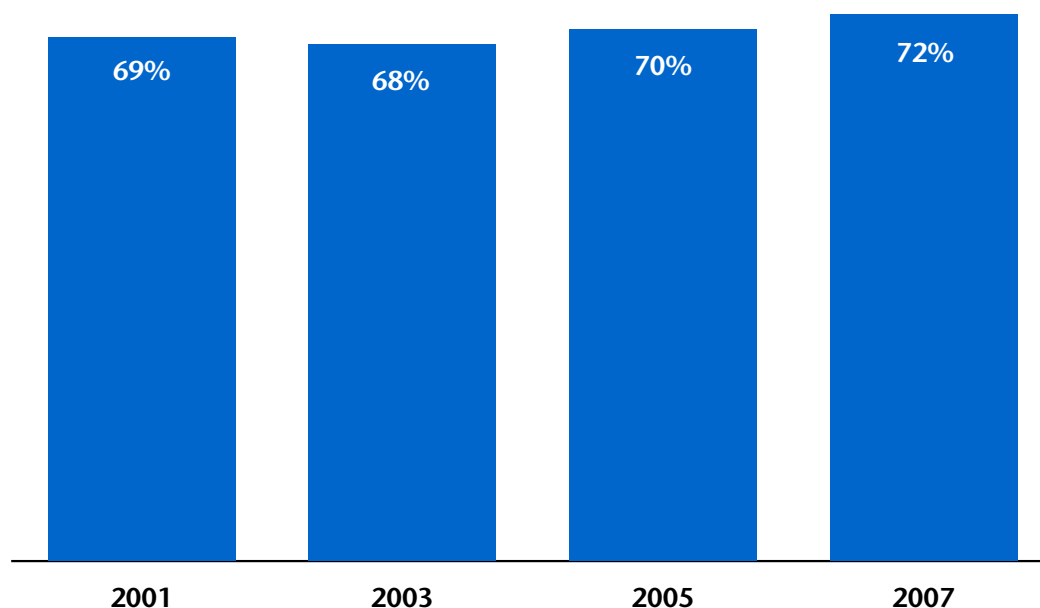
The proportion of the population enrolled in publicly subsidized coverage has grown since health care reform began to be implemented. However, private insurance has grown by more than 120,000 enrollees.

Notes: Private insurance includes group, small group, Commonwealth Choice, self-insured, GIC members and individual members. Since 6/30/06 the MassHealth caseload has grown by approximately 36,000 additional members with partial coverage or premium assistance, such as Seniors, MassHealth Limited, individuals with third party liability (e.g., disabled with Medicare), and Family Assistance/Insurance Partnership. Commonwealth Care includes enrollment in Boston Medical Center HealthNet Plan, Fallon, Neighborhood Health Plan, and Network Health. Data reflect total enrollment, rounded to the nearest thousand, as of the specified date. Totals include all Massachusetts residents enrolled in the following health plans: Aetna (HMO, ASO business/self-insured, and Chickering), Blue Cross Blue Shield (BCBSMA and HMO Blue as well as Massachusetts residents insured through other Blue Cross Association plans), Boston Medical Center HealthNet Plan, CIGNA, ConnectiCare, Fallon, GIC, HPHC (including subsidiary Health Plans, Inc.), Health Markets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, MassHealth, Neighborhood Health Plan, Network Health, Tufts, and UHC. GIC and Tufts may include a small number of enrollees who are not Massachusetts residents. Data exclude the following insured Massachusetts residents: Enrollees of UHC Passport and Compass (a joint venture between HPHC and UHC), federal employees not insured through a commercial carrier, active duty military personnel and their families who receive services through Champus/Tricare only, inmates of the Department of Correction, and approximately 12,000 people insured through small employers who purchase coverage from health plans that are not required to report quarterly enrollment statistics to the Division of Insurance (DOI), as well as some other small and out-of-state suppliers of health insurance to Massachusetts residents not required to file with DOI.

Sources: Membership reported to DHCFP by health plans, MassHealth, and the Group Insurance Commission; Commonwealth Care enrollment data from the Connector

## Employers Offering Health Insurance

### Percent of Employers



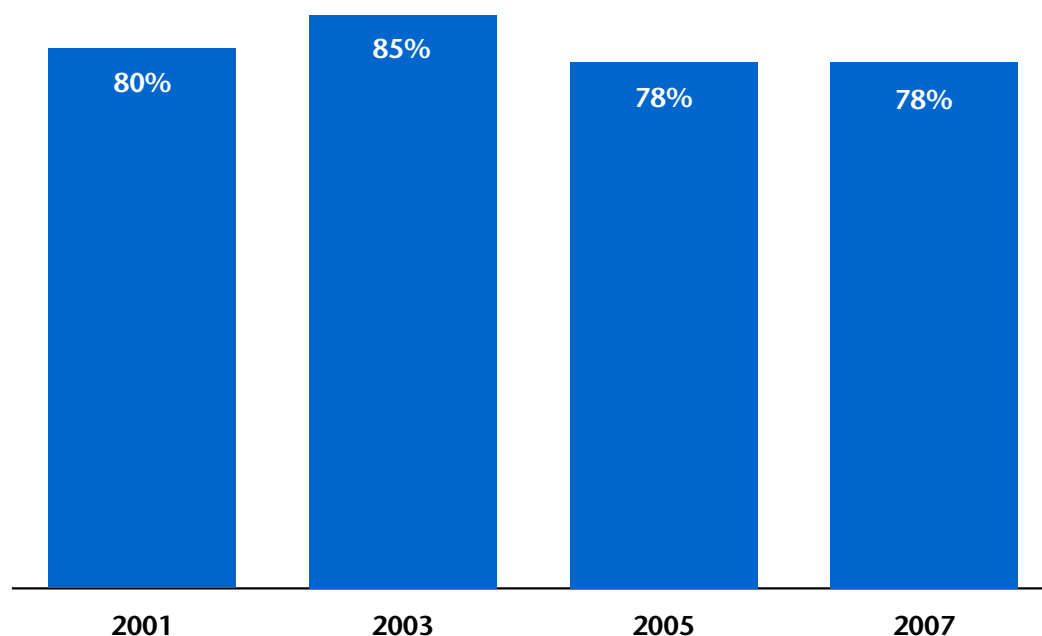
Nearly three-quarters of Massachusetts employers offer health insurance to their employees. The Massachusetts employer offer rate has held steady, even as the employer offer rate nationally declined from 68% to 60% between 2001 and 2007, as reported in the Kaiser/HRET survey.

Note: The changes from year to year are not statistically significant.

Sources: DHCFP Employer Survey for 2001, 2003, 2005, and 2007; national data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2007

## Employees Enrolled in Health Insurance

### Percent of Eligible Employees



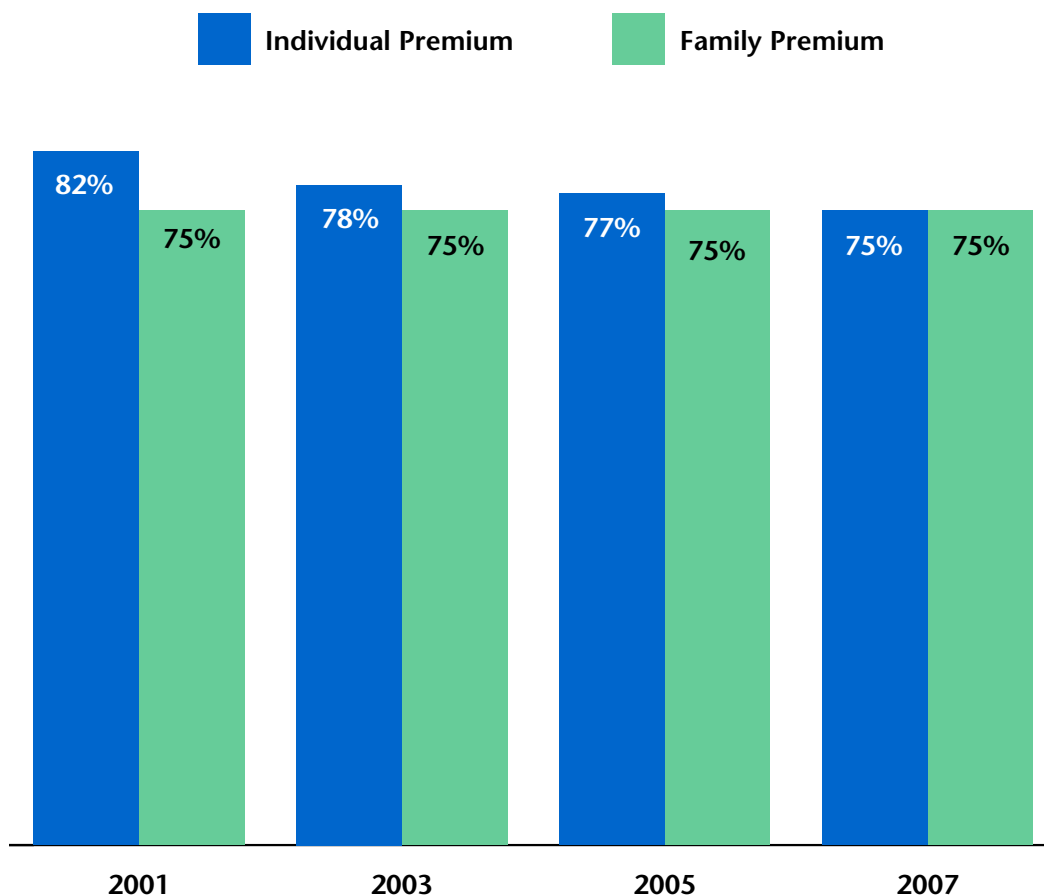
More than three-quarters of employees eligible for health insurance enrolled in their employer's health plan in 2007. Nationally, the take-up rate for employees eligible for health insurance was 82% in 2007 as reported in the Kaiser/HRET survey. While Massachusetts employers are more likely to offer coverage than employers nationwide, employees are less likely to enroll.

Note: Data reflect medians.

Sources: DHCFP Employer Survey for 2001, 2003, 2005, and 2007; national data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2007

# Employer Contributions to Health Insurance

## Percent of Individual and Family Premiums

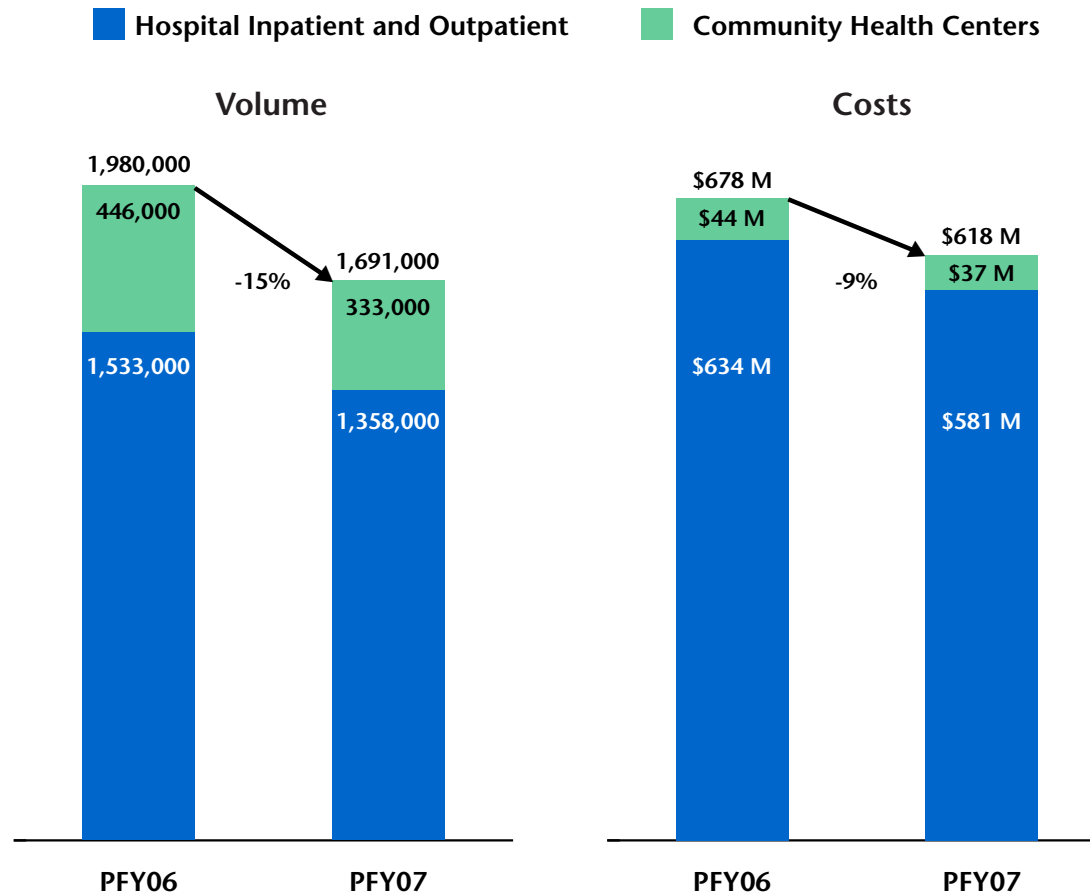


Most Massachusetts employers contribute at least 75% toward their employees' health insurance premiums. While Massachusetts employers' contributions are comparable to employers nationwide for family plans (75% in Massachusetts versus 73% nationally as reported in the 2007 Kaiser/HRET survey), contributions are significantly lower for individual plans (75% in Massachusetts versus 85% nationally).

Note: Data reflect medians.

Sources: DHCFP Employer Survey for 2001, 2003, 2005, and 2007; national data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2007

# UCP Volume and Costs for Hospitals and Community Health Centers



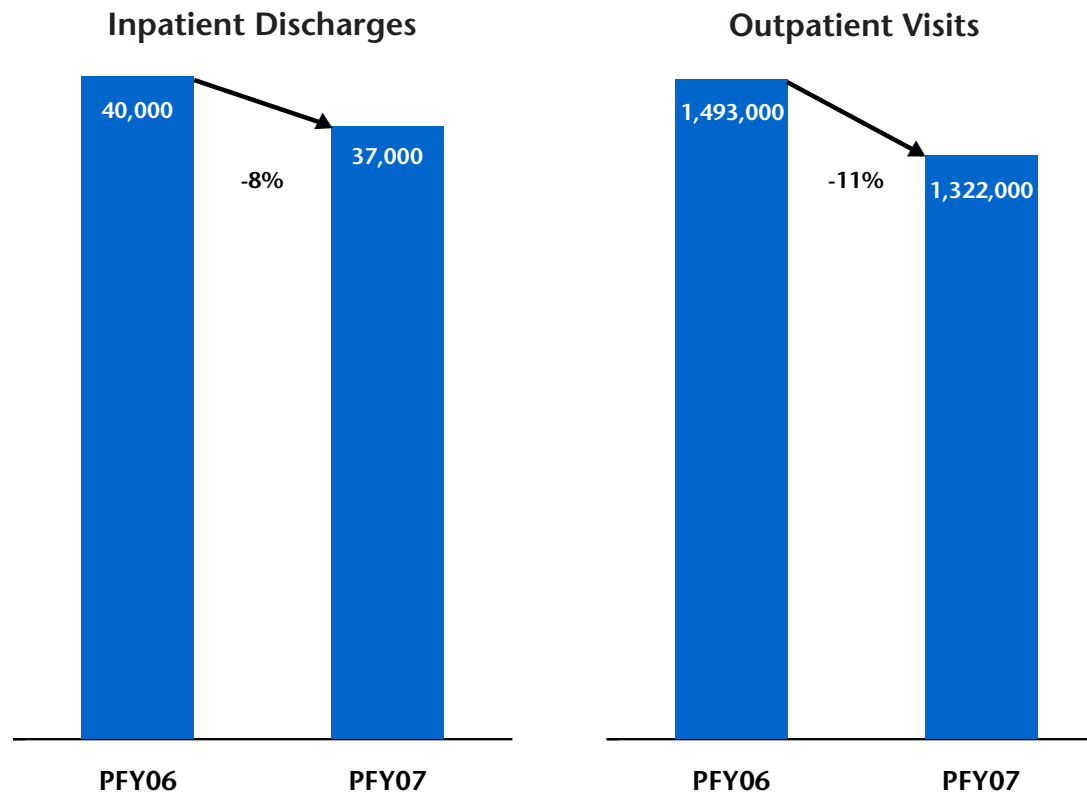
Uncompensated Care Pool (UCP) hospital and community health center utilization declined by 15% from PFY06 to PFY07. UCP costs declined by 9% during the same period.

Notes: The Pool Fiscal Year (PFY) runs from 10/1 through 9/30 of the following year, e.g., PFY07 ran from 10/1/06 through 9/30/07. Hospital service volume is the sum of inpatient discharges and outpatient visits for all claim types, including ERBD claims. Inpatient and Outpatient volume are based on claims. CHC volume is based on the UC form. Volume numbers are rounded to the nearest thousand. Costs include net UC costs for hospitals and UC form payments for CHCs. Source: DHCFP UCP Claims Database as of 4/24/08



# Hospital Volume

## Inpatient Discharges and Outpatient Visits

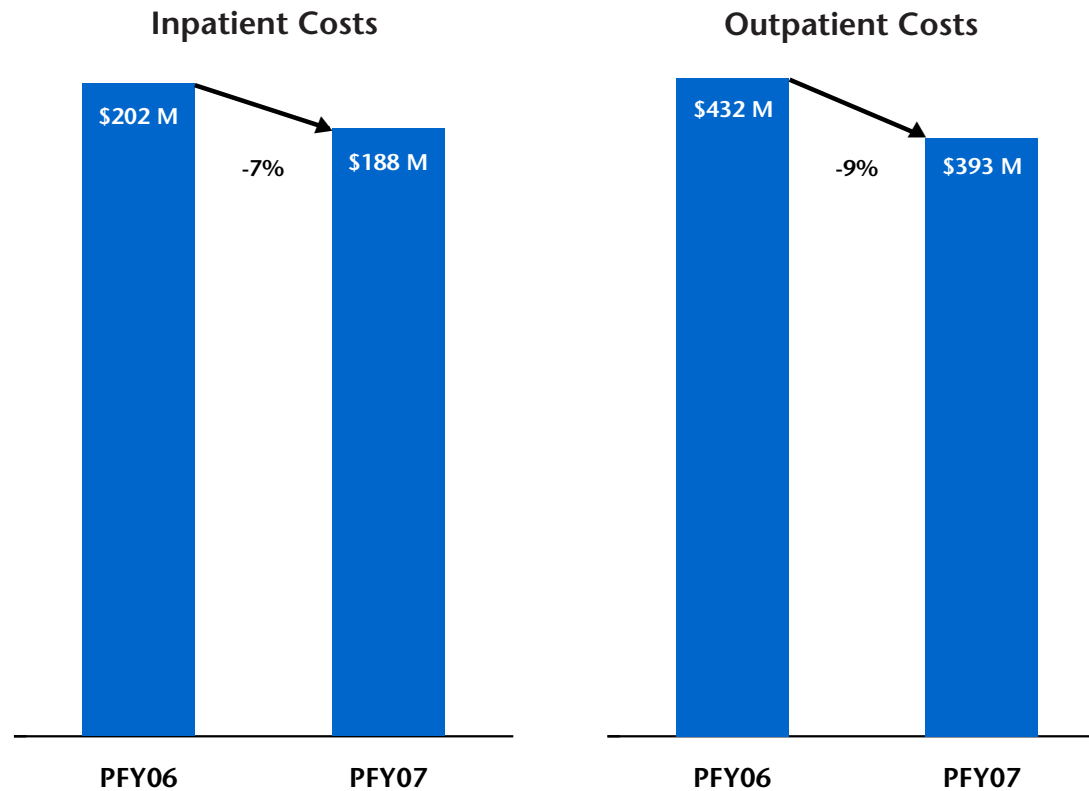


The total number of hospital inpatient discharges and outpatient visits billed to the Uncompensated Care Pool declined by approximately 11% overall from PFY06 to PFY07.

Notes: The Pool Fiscal Year (PFY) runs from 10/1 through 9/30 of the following year, e.g., PFY07 ran from 10/1/06 through 9/30/07. Numbers are rounded to the nearest thousand.  
Source: DHCFP UCP Claims Database as of 4/24/08

# Hospital Costs

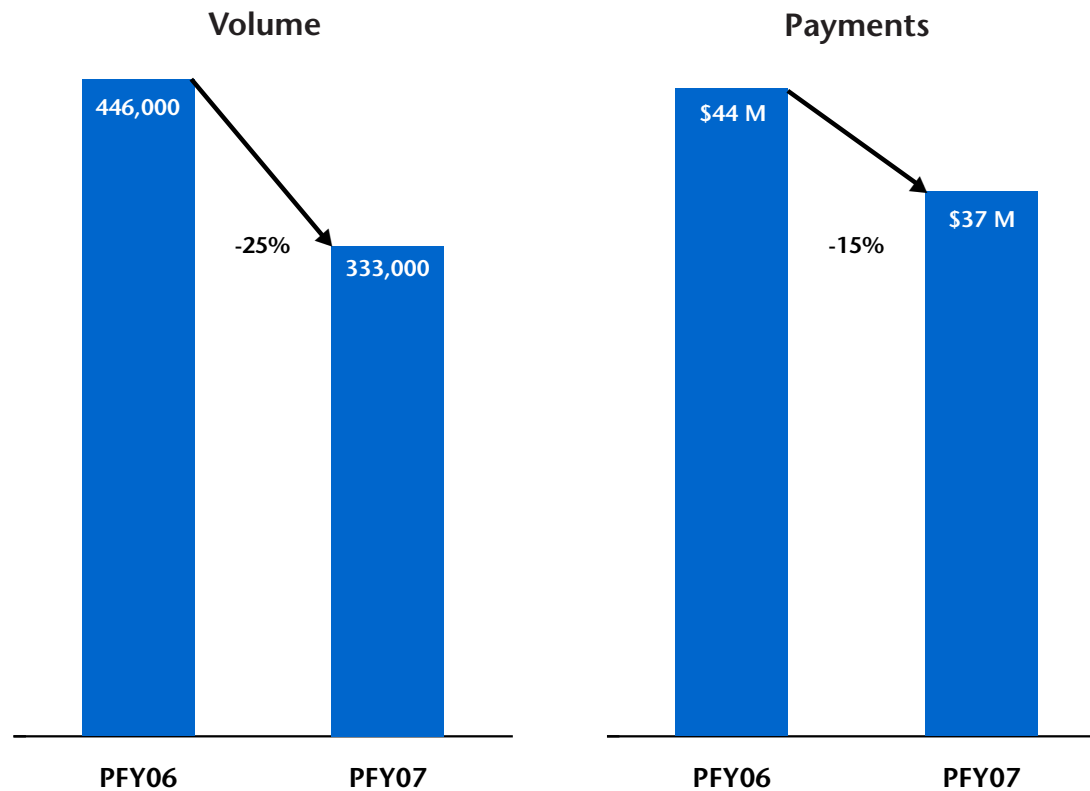
## Inpatient and Outpatient



The cost of acute hospital claims submitted to the Uncompensated Care Pool declined by 8% overall from PFY06 to PFY07.

Note: The Pool Fiscal Year (PFY) runs from 10/1 through 9/30 of the following year, e.g., PFY07 ran from 10/1/06 through 9/30/07.  
Source: DHCFP UCP Claims Database as of 4/24/08

## CHC Volume and Payments in PFY06 and PFY07

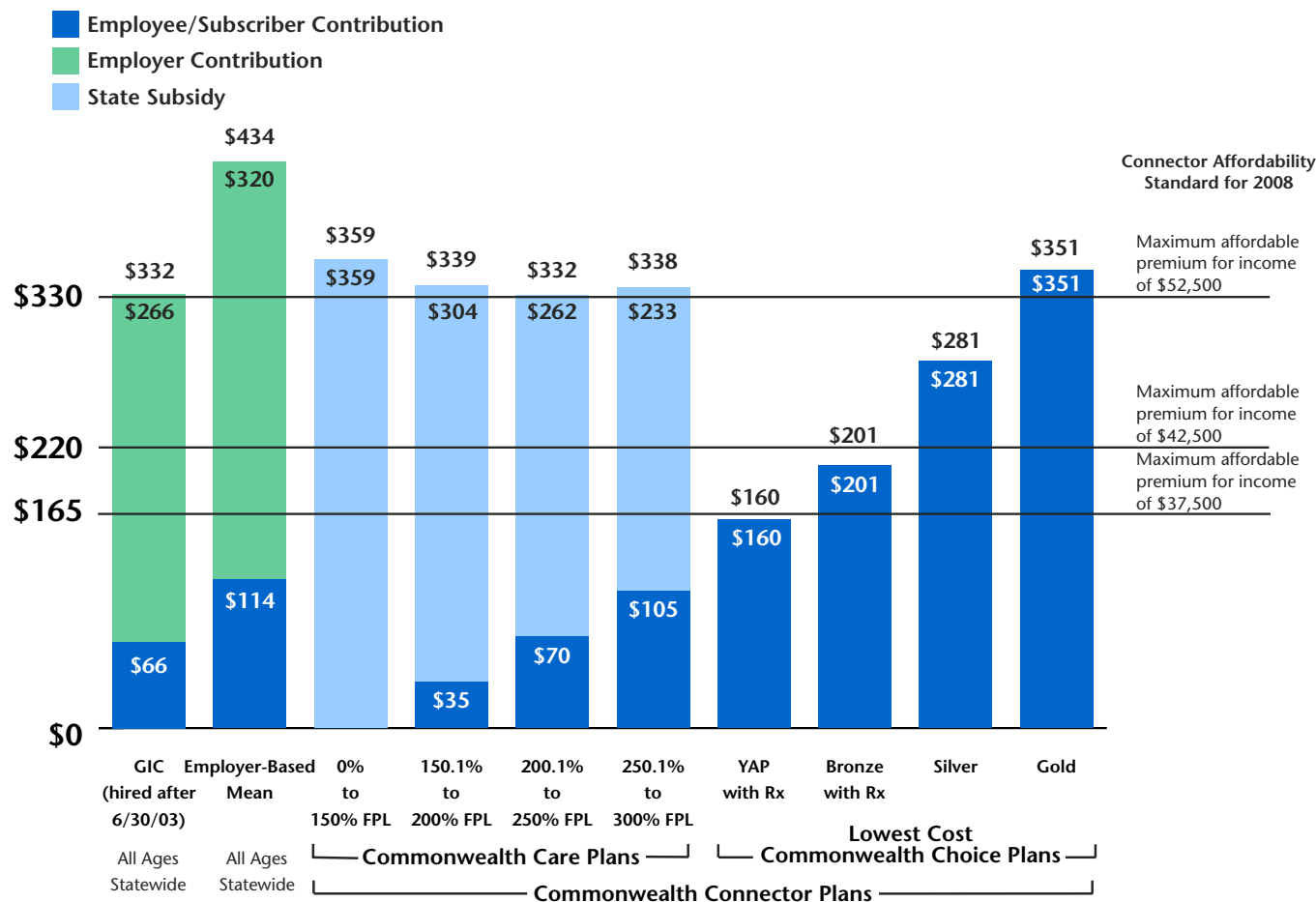


Community health center (CHC) Uncompensated Care Pool visit volume and payments decreased by 25% and 15%, respectively, from PFY06 to PFY07.

Notes: The Pool Fiscal Year (PFY) runs from 10/1 through 9/30 of the following year, e.g., PFY07 ran from 10/1/06 through 9/30/07. CHC volume is rounded to the nearest thousand.  
Source: DHCFP UCP Claims Database as of 4/24/08

# Monthly Cost of Health Insurance

## Employer and Connector Plans for Individuals



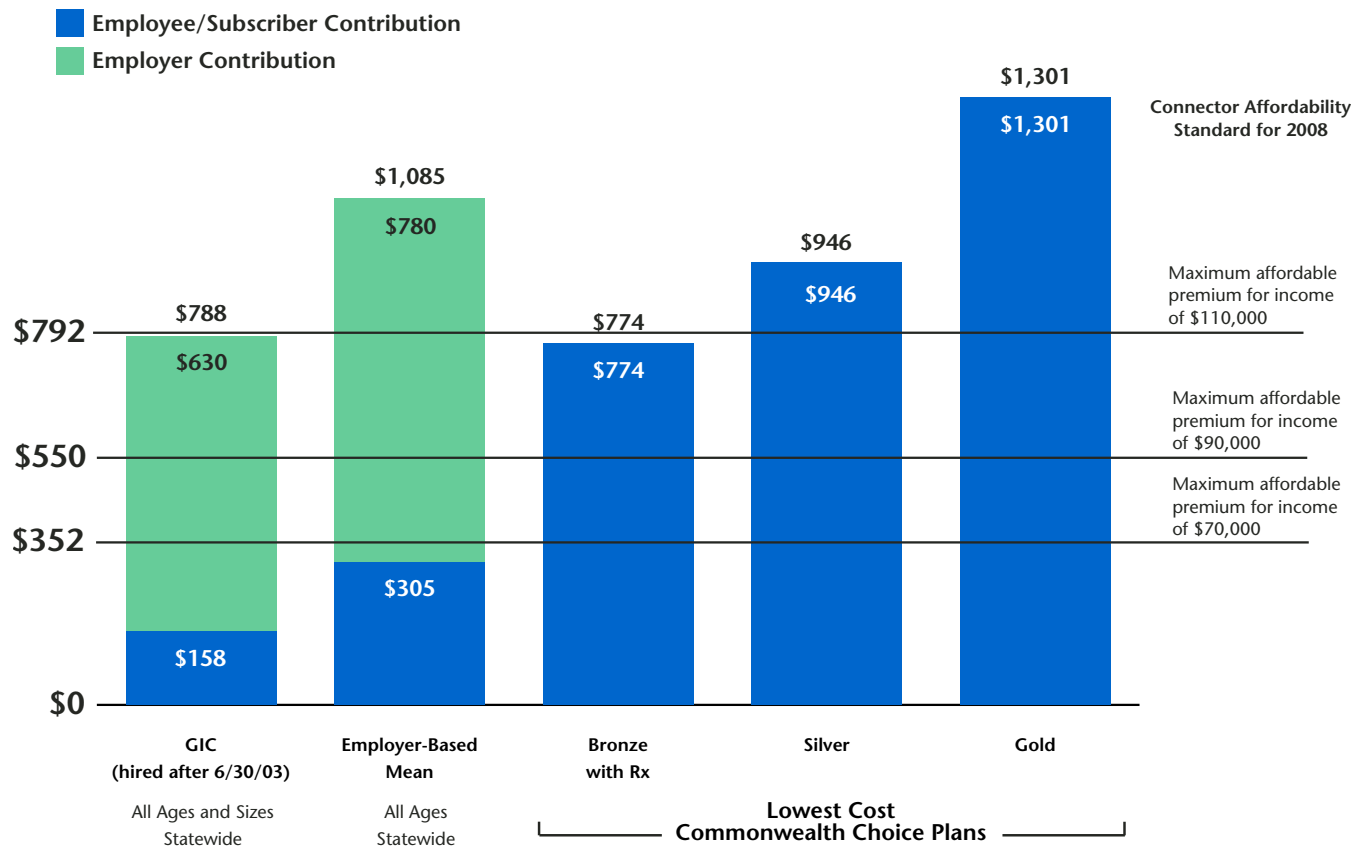
Commonwealth Care premium contributions for individuals compare favorably to the average employee contribution for employer-based coverage.

These premiums were compared to the affordability schedule that was established by the Commonwealth Health Insurance Connector Authority for the calendar year 2008. For more details, please visit: [www.mahealthconnector.org](http://www.mahealthconnector.org).

Notes: The calculation of mean premiums for private, employer-based insurance does not include premiums paid by government employees. The premium for Commonwealth Choice YAP with Rx plan was calculated for a 22-year-old unemployed individual living in Boston. Premiums for Commonwealth Choice Bronze with Rx, Silver, and Gold are the lowest priced plans available for a 35-year-old unemployed individual living in Boston. Data are rounded to the nearest whole dollar.  
Sources: 2007-2008 GIC Benefit Decision Guide; 2007 DHCFP Employer Survey; Connector Affordability Schedule for 2008; Commonwealth Connector for Commonwealth Choice plan premiums effective April 2008 and Commonwealth Care premiums effective May 2008

# Monthly Cost of Health Insurance

## Employer and Connector Plans for Families



Commonwealth Choice premium contributions for families are higher than the average employee contribution for employer-based family coverage.

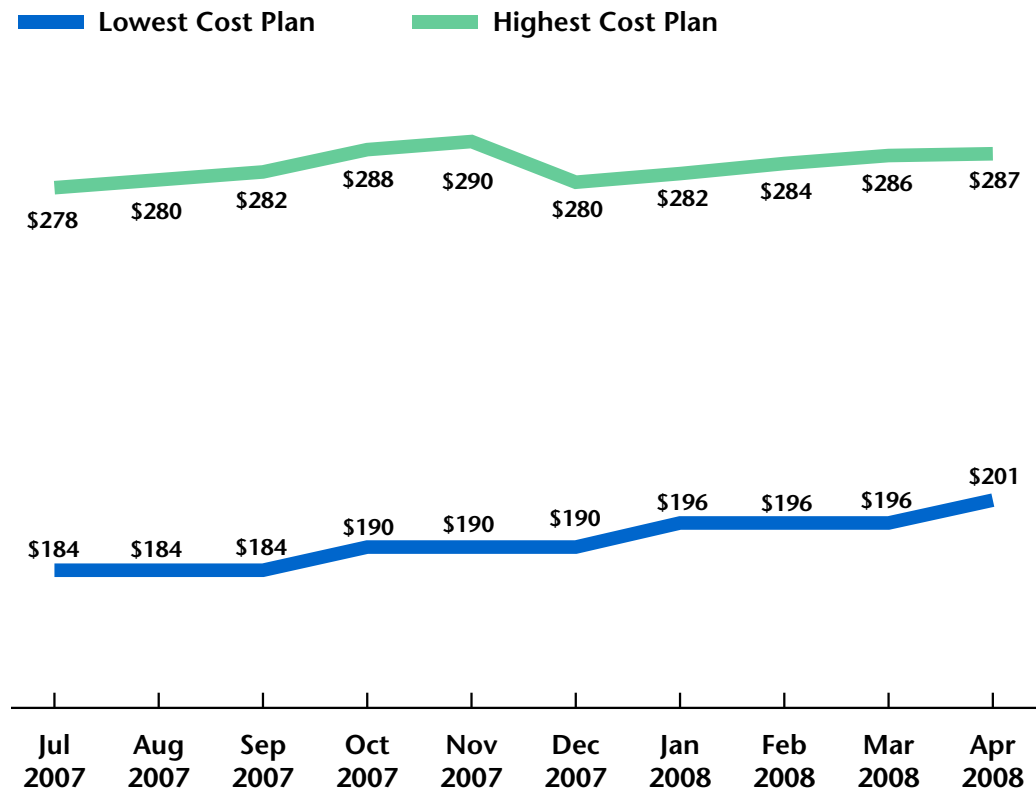
These premiums were compared to the affordability schedule that was established by the Commonwealth Health Insurance Connector Authority effective for the calendar year 2008. Please visit [www.mahealthconnector.org](http://www.mahealthconnector.org) for more details.

Notes: Commonwealth Care plans provide coverage for adult individuals only, and therefore, do not have family plans. The calculation of mean premiums for private employer-based insurance does not include premiums paid by government employees. Premiums for Commonwealth Choice Bronze with Rx, Silver, and Gold plans are the lowest price for a family of four, with two 35-year-old unemployed parents and two children living in Boston. Data are rounded to the nearest whole dollar.

Sources: 2007-2008 GIC Benefit Decision Guide; 2007 DHCFP Employer Survey; Connector Affordability Schedule for 2008; Commonwealth Connector for Commonwealth Choice plan premiums effective April 2008

# Commonwealth Choice Bronze Premiums

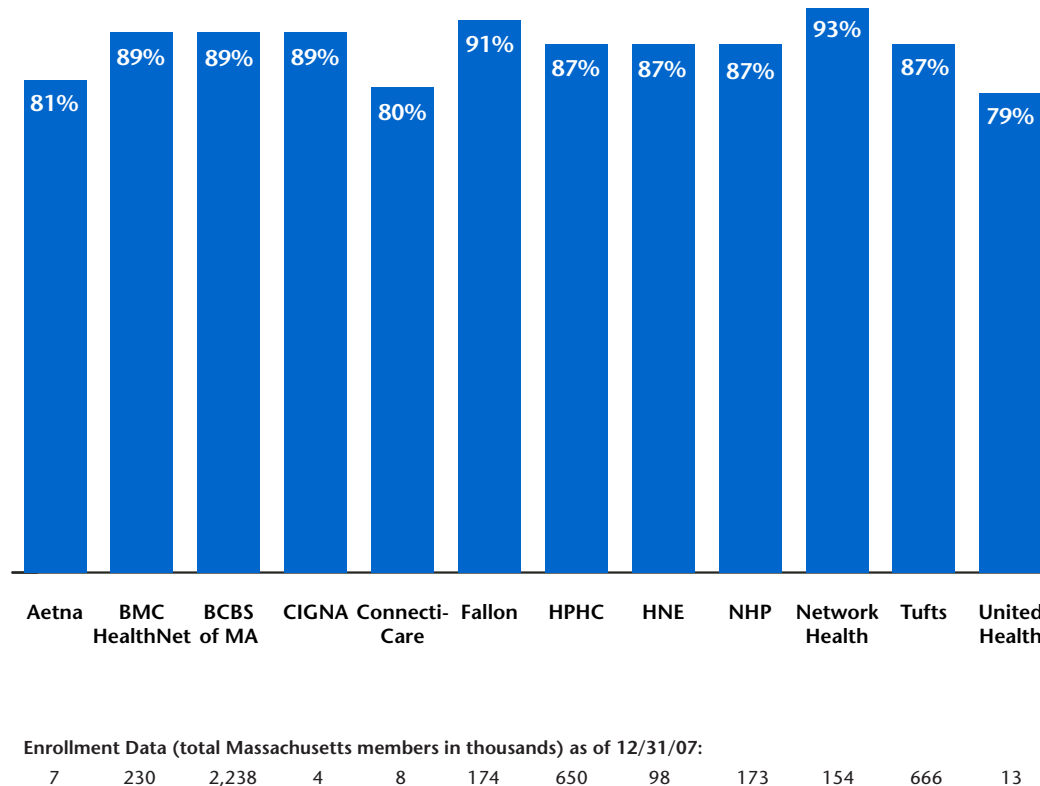
## Highest and Lowest Cost Plans (with Rx coverage)



The highest and lowest cost Commonwealth Choice Bronze monthly premiums have risen slightly since July 1, 2007.

Note: Premiums are for a 35-year-old individual living in Boston.  
Source: Commonwealth Connector

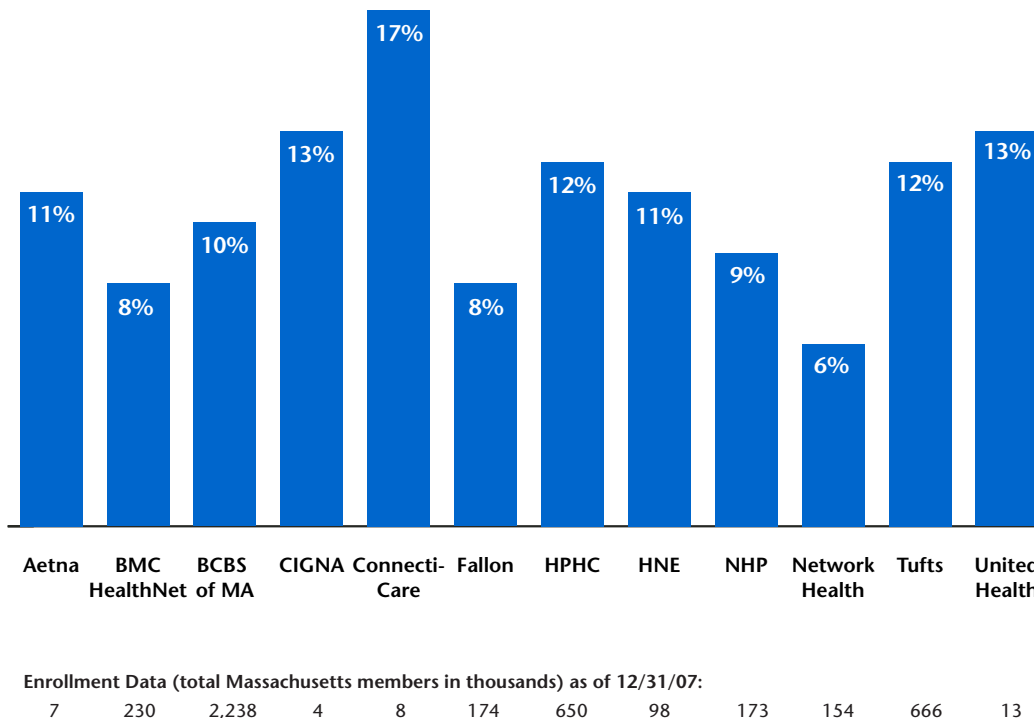
# Medical Expense Ratio by Health Plan for Calendar Year 2007



The four largest Massachusetts health plans spent between 87% and 89% of their total revenue dollars on medical services provided to members in 2007.

Note: Medical expense ratio is calculated by dividing total hospital and medical expenses by total revenue. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Fallon includes the combined performance of Fallon Community Health Plan and Fallon Life and Health Assurance Company. Ratios may not sum to 100% due to rounding. DOI financial information represents Massachusetts licensed plans including Medicare, MassHealth and Commonwealth Care as well as members who are not Massachusetts residents. Enrollment data include Massachusetts residents only, MassHealth, Commonwealth Care, Medicare and self-insured members. Aetna enrollment represents only Aetna Health, Inc. (a Massachusetts Corporation), and does not include approximately 130,000 members administered under Aetna Life Insurance Company. HPHC enrollment does not include approximately 60,000 members enrolled in subsidiary Health Plans, Inc. Enrollment numbers exclude the joint venture between HPHC and United Health Care. Tufts enrollment may include some members who are not Massachusetts residents.  
Source: Division of Insurance quarterly financial statements; Boston Medical Center HealthNet and Network Health data from MassHealth 4B and insolvency reports; Health plan enrollment data are as reported to DHCFP

# Administrative Expense Ratio by Health Plan for Calendar Year 2007



The four largest health plans spent between 8% and 12% of their total revenue on administrative expenses including staff, claims processing, rent, and clinical oversight in 2007.

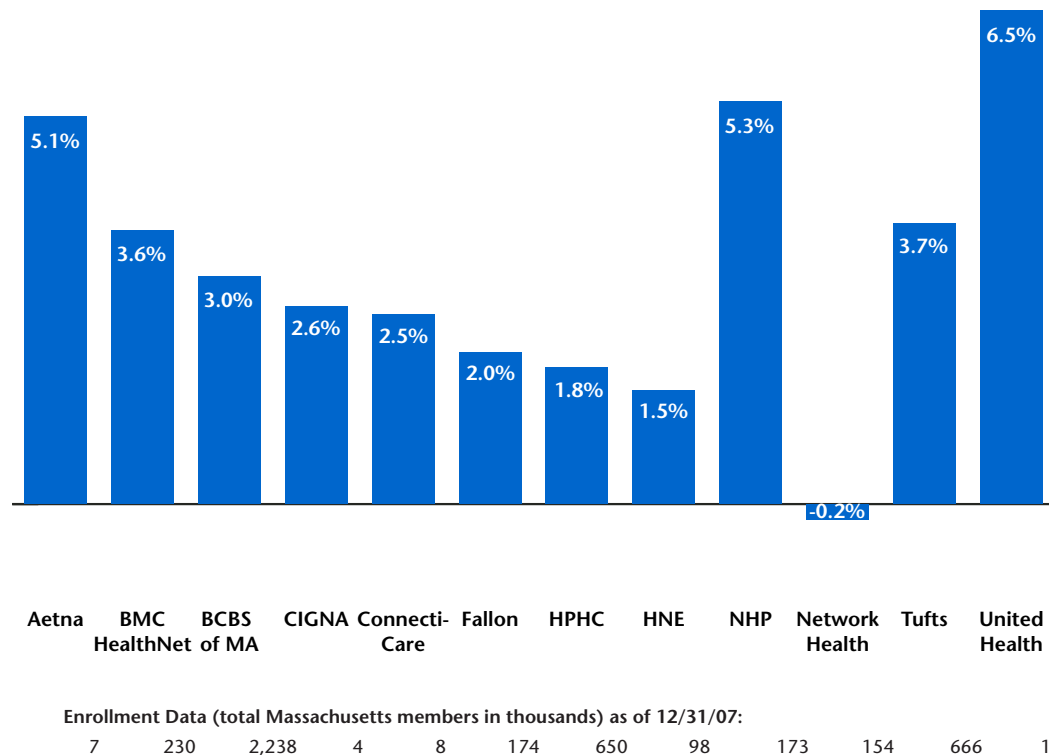
Note: Administrative expense ratio is calculated by dividing total administrative expenses (including claims adjustment and general administrative expenses) by total revenue (including investment gain/loss). BCBSMA includes the combined performance of BCBSMA and HMO Blue. Fallon includes the combined performance of Fallon Community Health Plan and Fallon Life and Health Assurance Company. Ratios may not sum to 100% due to rounding. DOI financial information represents Massachusetts licensed plans including Medicare, MassHealth and Commonwealth Care as well as members who are not Massachusetts residents. Enrollment data include Massachusetts residents only, MassHealth, Commonwealth Care, Medicare and self-insured members. Aetna enrollment represents only Aetna Health, Inc. (a Massachusetts Corporation), and does not include approximately 130,000 members administered under Aetna Life Insurance Company. HPHC enrollment does not include approximately 60,000 members enrolled in subsidiary Health Plans, Inc. Enrollment numbers exclude the joint venture between HPHC and United Health Care. Tufts enrollment may include some members who are not Massachusetts residents.

Source: Division of Insurance quarterly financial statements; Boston Medical Center HealthNet and Network Health data from MassHealth 4B and insolvency reports; Health plan enrollment data are as reported to DHCFP



# Profit Margin

## by Health Plan for Calendar Year 2007



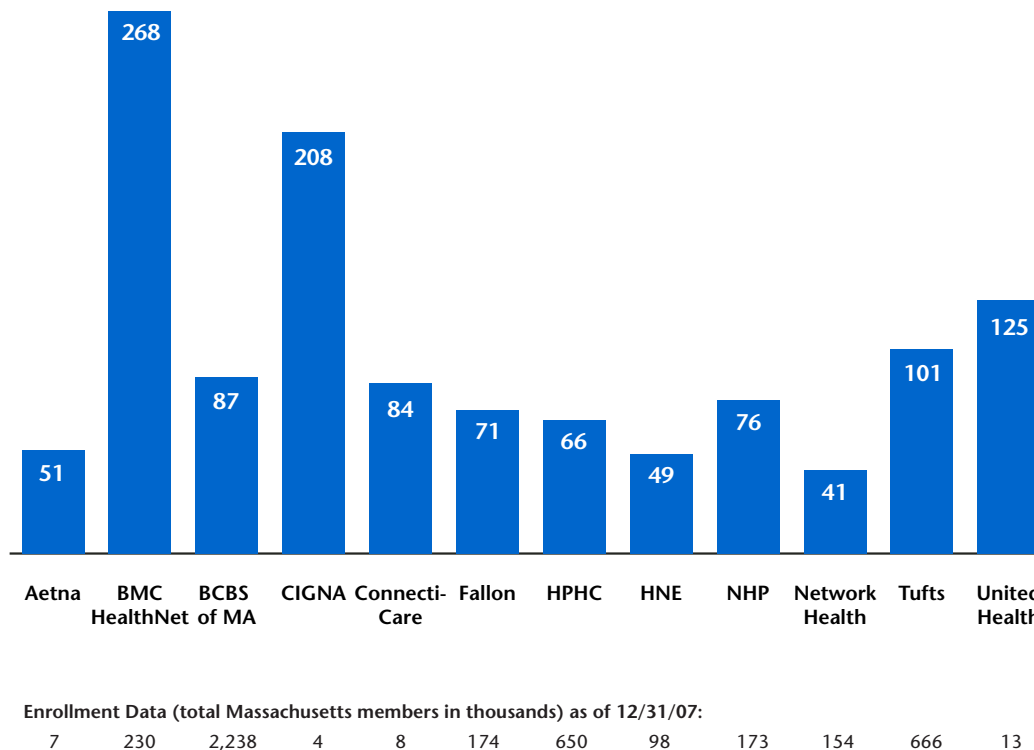
Profit margin represents the net margin available to the plan for other purposes after paying medical claims and administrative costs. Profit margins varied widely across plans in 2007.

Note: Profit margin is calculated by dividing net income by total revenue (including investment gain/loss). BCBSMA includes the combined performance of BCBSMA and HMO Blue. Fallon includes the combined performance of Fallon Community Health Plan and Fallon Life and Health Assurance Company. Ratios may not sum to 100% due to rounding. DOI financial information represents Massachusetts licensed plans including Medicare, MassHealth and Commonwealth Care as well as members who are not Massachusetts residents. Enrollment data include Massachusetts residents only, MassHealth, Commonwealth Care, Medicare and self-insured members. Aetna enrollment represents only Aetna Health, Inc. (a Massachusetts Corporation), and does not include approximately 130,000 members administered under Aetna Life Insurance Company. HPHC enrollment does not include approximately 60,000 members enrolled in subsidiary Health Plans, Inc. Enrollment numbers exclude the joint venture between HPHC and United Health Care. Tufts enrollment may include some members who are not Massachusetts residents.

Source: Division of Insurance quarterly financial statements; Boston Medical Center HealthNet and Network Health data from MassHealth 4B and insolvency reports; Health plan enrollment data are as reported to DHCFP

# Days in Reserve

## by Health Plan for Calendar Year 2007

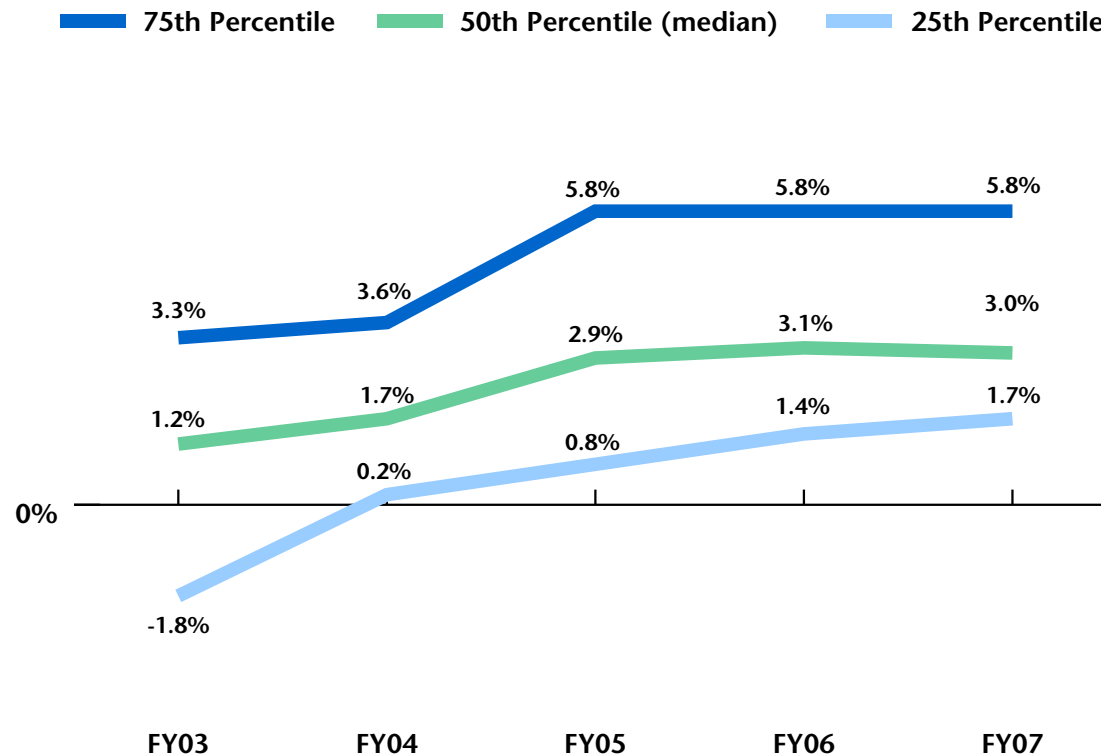


Note: Days in reserve is calculated by dividing net worth (including total capital and surplus) by the result of dividing total medical and administrative expenses by the number of days in the YTD period. BCBSMA includes the combined performance of BCBSMA and HMO Blue. Fallon includes the combined performance of Fallon Community Health Plan and Fallon Life and Health Assurance Company. DOI financial information represents Massachusetts licensed plans including Medicare, MassHealth and Commonwealth Care as well as members who are not Massachusetts residents. Enrollment data include Massachusetts residents only, MassHealth, Commonwealth Care, Medicare and self-insured members. Aetna enrollment represents only Aetna Health, Inc. (a Massachusetts Corporation), and does not include approximately 130,000 members administered under Aetna Life Insurance Company. HPHC enrollment does not include approximately 60,000 members enrolled in subsidiary Health Plans, Inc. Enrollment numbers exclude the joint venture between HPHC and United Health Care. Tufts enrollment may include some members who are not Massachusetts residents.

Source: Division of Insurance quarterly financial statements; Boston Medical Center HealthNet and Network Health data from MassHealth 4B and insolvency reports; Health plan enrollment data are as reported to DHCFF

Days in reserve is a measure of financial solvency. It reflects the number of days of medical expenses a plan could fund from its net worth. Performance on this measure varies widely, but nearly every plan reported net worth that is equal to at least two months of days in reserve.

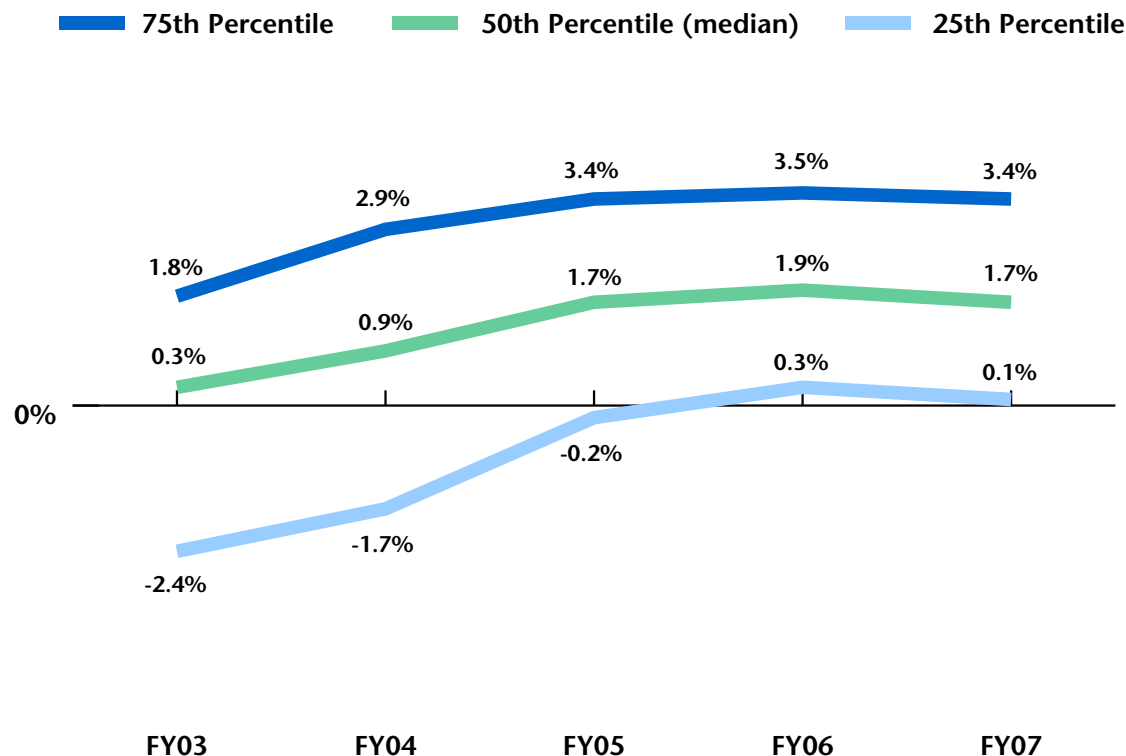
## Total Margin Trend by Year



The overall financial performance of acute hospitals has improved over the past five years.

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal Year Ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE. Source: DHCFP Acute Hospital Financial Data as of 4/1/08; for more information visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp), click on "Health Systems Analyses," then go to "Hospitals"

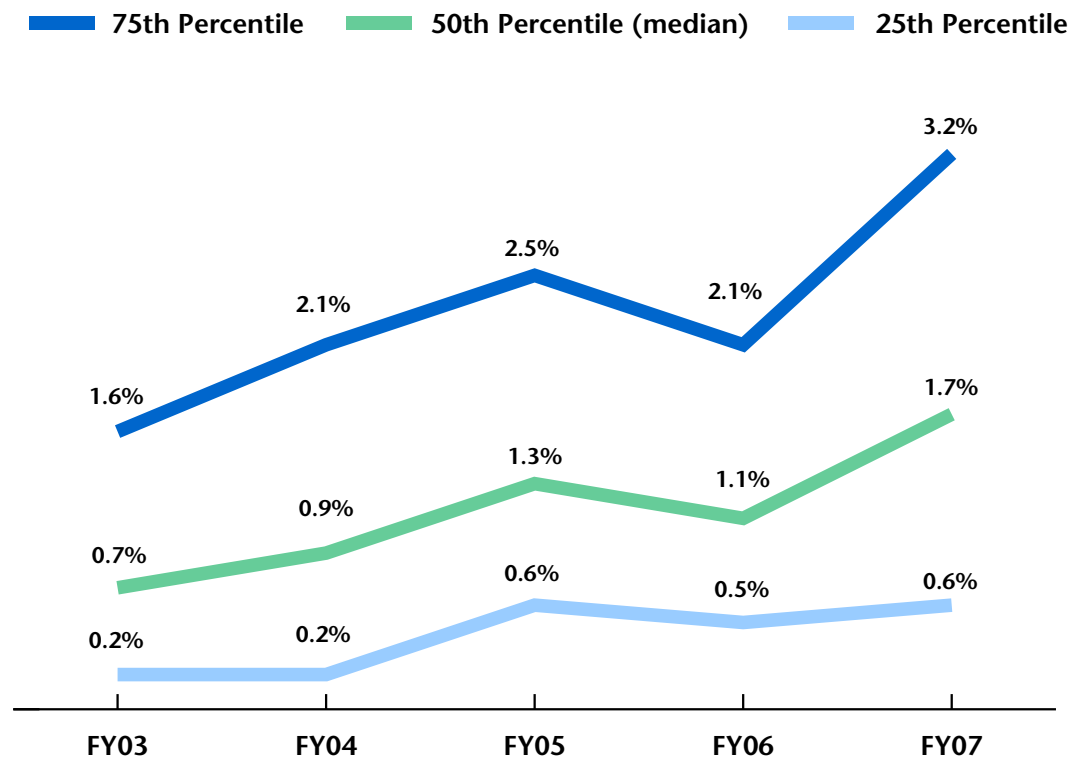
# Operating Margin Trend by Year



Most acute hospitals experienced positive operating margins in the past year. However, a significant gap remains between the highest and lowest performing acute hospitals.

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal Year Ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE. Source: DHCFP Acute Hospital Financial Data as of 4/1/08; for more information visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp), click on "Health Systems Analyses," then go to "Hospitals"

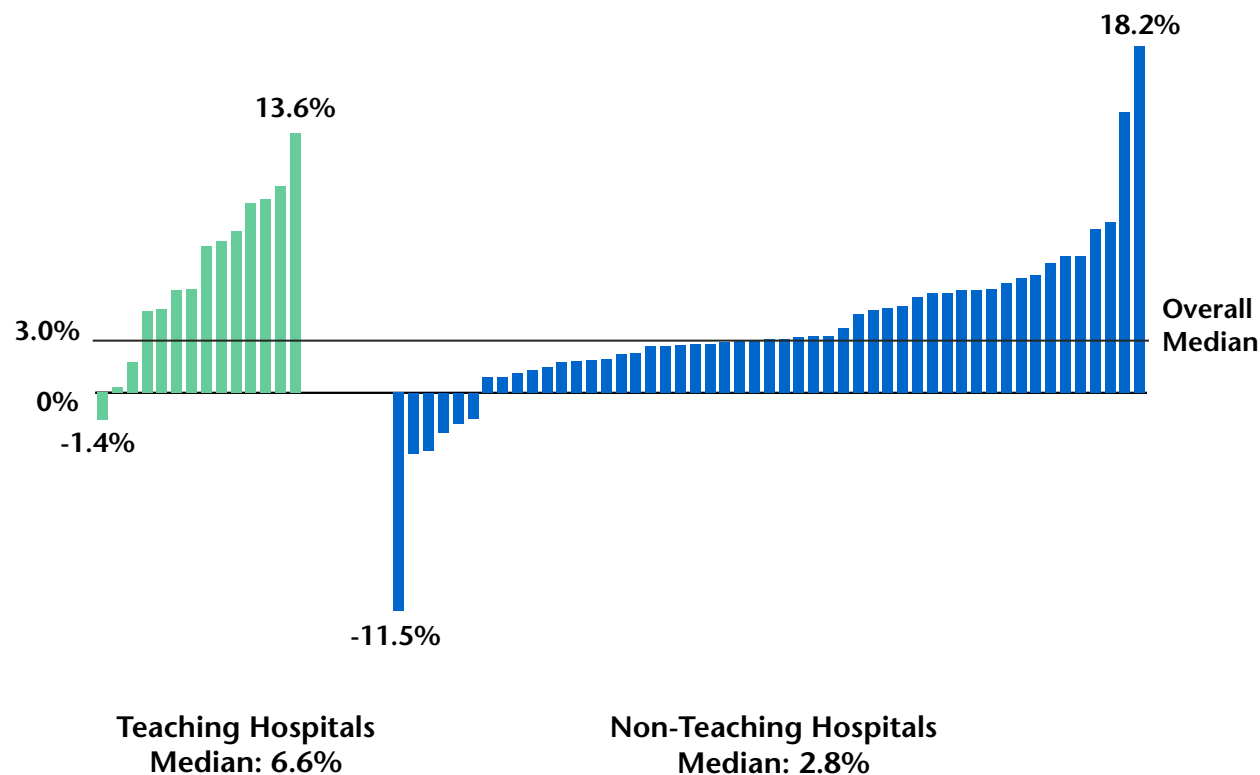
# Non-Operating Margin Trend by Year



Non-operating margins for acute hospitals have improved over the past five years. However, the highest performing hospitals have experienced much greater gains than the lowest performing hospitals.

Notes: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal Year Ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE.  
Source: DHCFP Acute Hospital Financial Data as of 4/1/07; for more information visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp), click on "Health Systems Analyses," then go to "Hospitals"

# Total Margin by Teaching Status for FY07



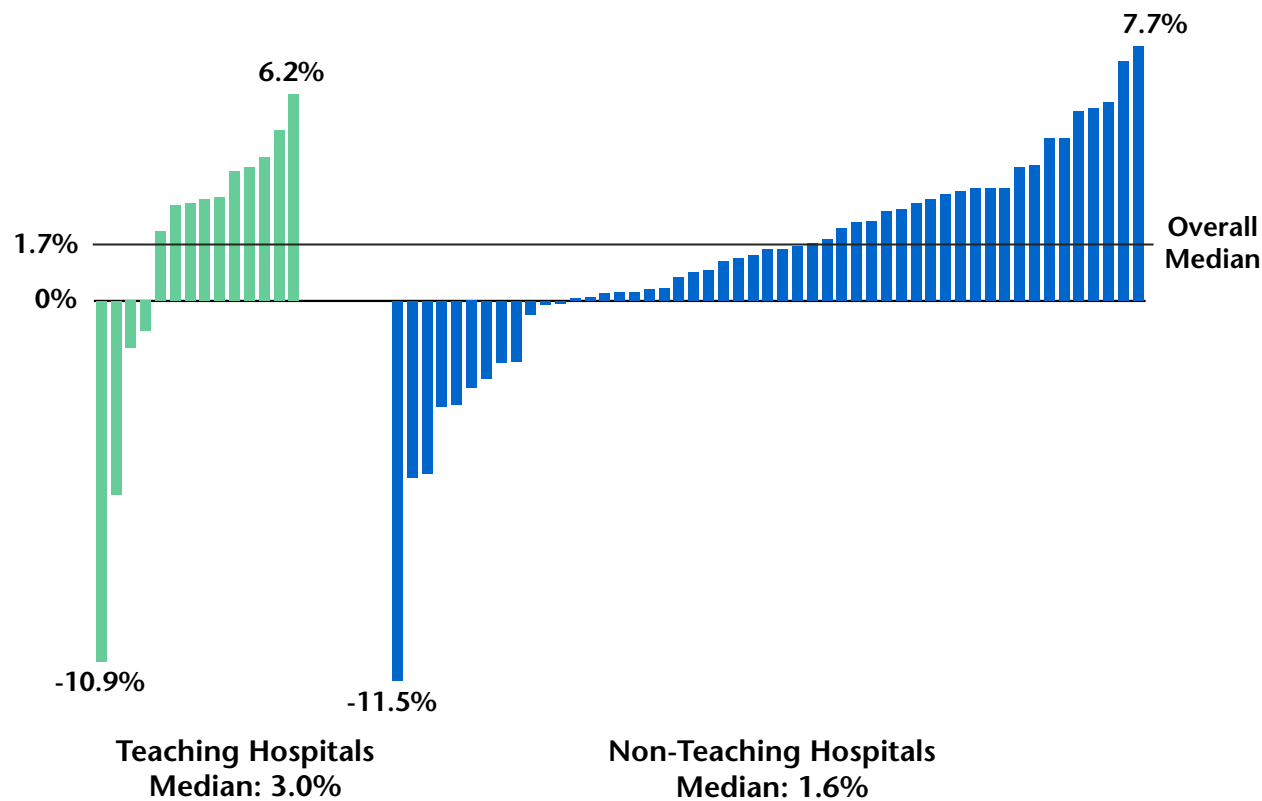
The overall financial performance of acute hospitals varies widely by teaching status. The median total margin for teaching hospitals was 6.6% in fiscal year 2007 while the median total margin for non-teaching hospitals was 2.8%.

Please see page 24 for a complete list of Massachusetts acute care hospitals and their reported performance.

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal Year Ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE. Source: DHCFP Acute Hospital Financial Data as of 4/1/08; for more information visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp), click on "Health Systems Analyses," then go to "Hospitals"

# Operating Margin by Teaching Status for FY07

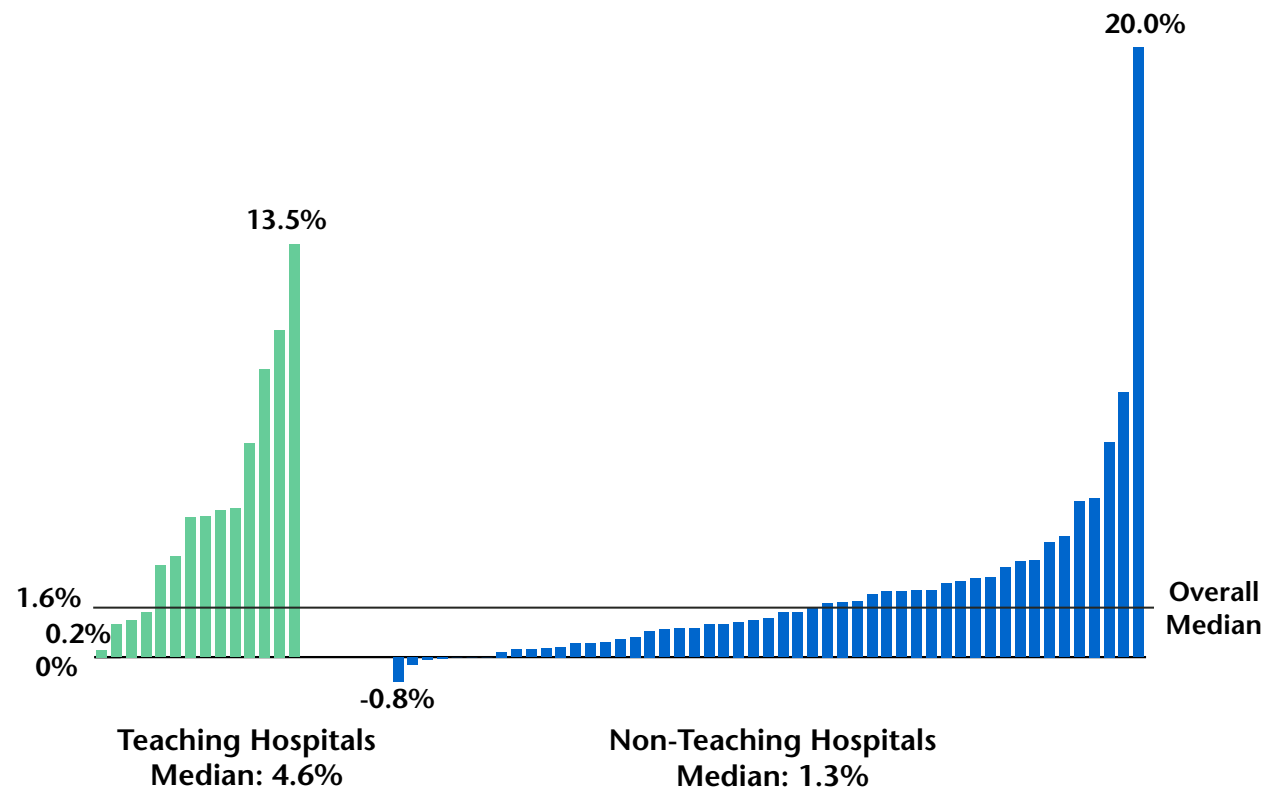
Teaching hospitals reported a higher operating margin than non-teaching hospitals in FY07.



Please see page 24 for a complete list of Massachusetts acute care hospitals and their reported performance.

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal Year Ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE. Source: DHCFP Acute Hospital Financial Data as of 4/1/08; for more information visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp), click on "Health Systems Analyses," then go to "Hospitals"

# Non-Operating Margin by Teaching Status for FY07



Non-operating margin performance varies widely by hospital teaching status. The median non-operating margin for teaching hospitals was 4.6% in fiscal year 2007, while the median for non-teaching hospitals was less than half that at 1.3%.

Please see page 24 for a complete list of Massachusetts acute care hospitals and their reported performance.

Notes: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal Year Ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE.  
Source: DHCFP Acute Hospital Financial Data as of 4/1/08; for more information visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp), click on "Health Systems Analyses," then go to "Hospitals"



# Hospital Financial Performance

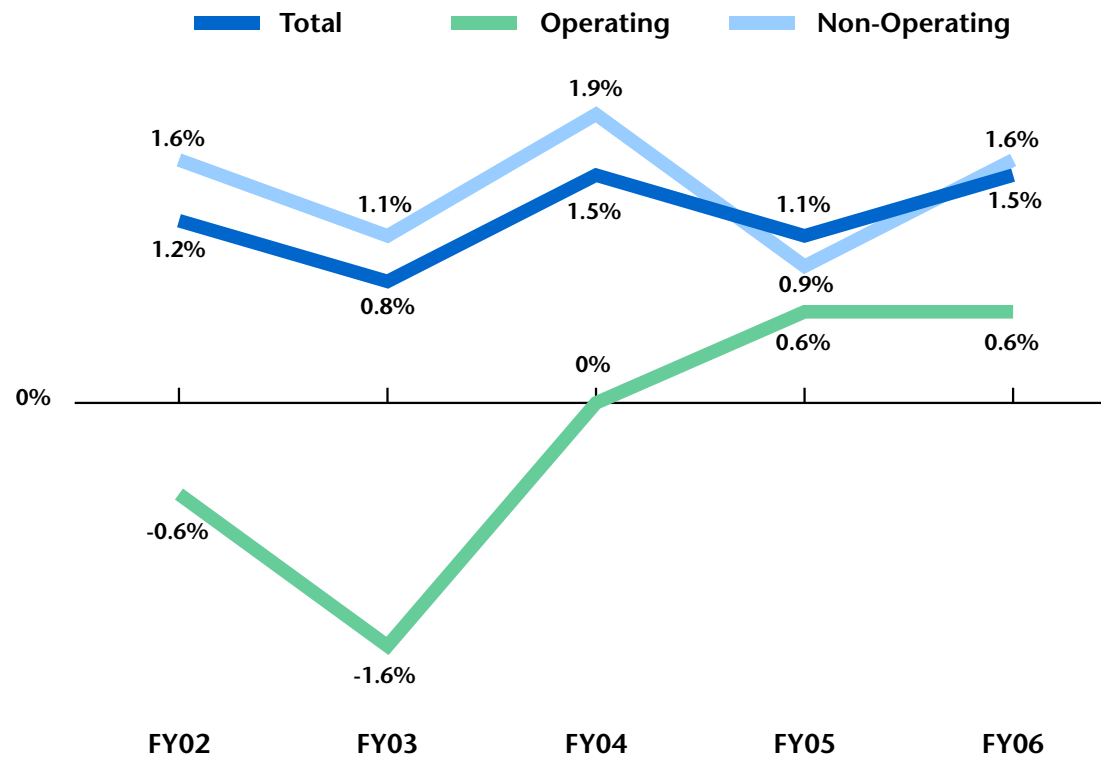
## Hospital FY07

Teaching Hospitals	Operating Margin	Non-Op Margin	Total Margin
Baystate Medical Center	3.9%	4.6%	8.5%
Beth Israel Deaconess Medical Center	3.1%	4.9%	8.0%
Boston Medical Center	2.1%	3.3%	5.4%
Brigham and Women's Hospital	4.0%	0.2%	4.3%
Cambridge Health Alliance	-0.9%	1.2%	0.3%
Caritas St. Elizabeth's Medical Center	2.9%	1.5%	4.4%
Children's Hospital Boston	3.1%	7.0%	10.1%
Dana-Farber Cancer Institute	-5.8%	13.5%	7.7%
Lahey Clinic	5.2%	4.8%	10.0%
Massachusetts Eye and Ear Infirmary	-10.9%	9.5%	-1.4%
Massachusetts General Hospital	2.9%	10.7%	13.6%
Mount Auburn Hospital	6.2%	4.6%	10.8%
Tufts Medical Center	-1.4%	3.0%	1.6%
UMass Memorial Medical Center	4.3%	1.1%	5.4%
Non-Teaching Hospitals	Operating Margin	Non-Op Margin	Total Margin
Anna Jaques Hospital	1.6%	0.5%	2.1%
Athol Memorial Hospital	0.9%	0.3%	1.2%
Baystate Franklin Medical Center	-2.6%	1.3%	-1.4%
Baystate Mary Lane Hospital	-0.4%	3.0%	2.5%
Berkshire Medical Center	3.4%	3.8%	7.2%
Beth Israel Deaconess Hospital - Needham	1.4%	0.7%	2.0%
Brockton Hospital	0.3%	2.5%	2.8%
Cape Cod Hospital	0.1%	1.6%	1.7%
Caritas Carney Hospital	-1.9%	0.2%	-1.6%
Caritas Good Samaritan Medical Center	4.9%	0.4%	5.4%
Caritas Holy Family Hospital and Medical Center	1.7%	0.0%	1.7%
Caritas Norwood Hospital	4.0%	1.2%	5.2%
Clinton Hospital	-0.1%	1.8%	1.7%
Cooley Dickinson Hospital	4.9%	0.9%	5.8%
Emerson Hospital	-5.2%	2.2%	-3.0%
Fairview Hospital	1.5%	2.6%	4.1%
Falmouth Hospital	3.2%	1.8%	5.0%

Non-Teaching Hospitals	Operating Margin	Non-Op Margin	Total Margin
Faulkner Hospital	2.4%	0.2%	2.6%
Hallmark Health	0.4%	2.6%	3.0%
Harrington Memorial Hospital	-5.3%	8.7%	3.4%
Health Alliance Hospital	5.7%	1.1%	6.8%
Heywood Hospital	4.1%	2.1%	6.2%
Holyoke Medical Center	0.3%	0.6%	0.8%
Hubbard Regional Hospital	1.2%	0.4%	1.6%
Jordan Hospital	1.3%	1.2%	2.4%
Lawrence General Hospital	1.8%	1.1%	2.9%
Lowell General Hospital	0.9%	5.1%	6.0%
Marlborough Hospital	-0.1%	1.5%	1.3%
Martha's Vineyard Hospital	2.2%	3.2%	5.4%
Merrimack Valley Hospital	-11.5%	0.0%	-11.5%
MetroWest Medical Center	-2.3%	0.2%	-2.1%
Milford Regional Medical Center	6.0%	-0.8%	5.2%
Milton Hospital	0.3%	2.4%	2.7%
Morton Hospital and Medical Center	3.4%	0.9%	4.3%
Nantucket Cottage Hospital	-1.8%	20.0%	18.2%
Nashoba Valley Medical Center	-3.2%	0.0%	-3.2%
New England Baptist Hospital	2.4%	2.2%	4.5%
Newton-Wellesley Hospital	3.1%	-0.2%	2.8%
Noble Hospital	2.7%	0.3%	3.0%
North Adams Regional Hospital	1.7%	0.9%	2.7%
North Shore Medical Center	2.8%	-0.1%	2.7%
Northeast Hospital	3.4%	5.2%	8.6%
Quincy Medical Center	-3.1%	4.0%	0.8%
Saint Anne's Hospital	5.8%	3.1%	8.9%
Saint Vincent Hospital	7.2%	-0.1%	7.2%
Saints Medical Center	0.2%	2.2%	2.4%
South Shore Hospital	0.7%	1.8%	2.5%
Southcoast Hospitals Group	3.3%	2.2%	5.5%
Sturdy Memorial Hospital	7.7%	7.1%	14.7%
Winchester Hospital	3.0%	1.5%	4.4%
Wing Memorial Hospital and Medical Centers	0.1%	0.9%	1.0%

Source: DHCFP Acute Hospital Financial Data as of 4/1/08; for more information visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp), click on "Health Systems Analyses," then go to "Hospitals"

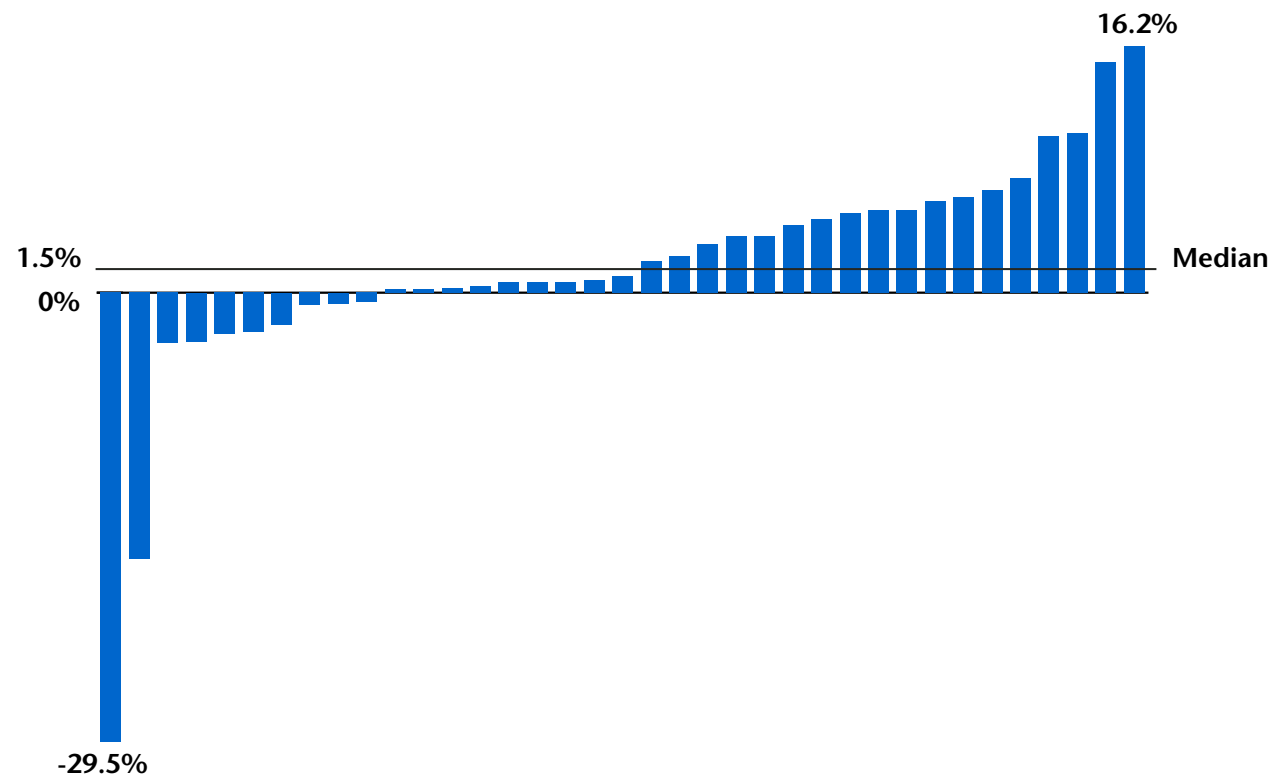
# CHC Median Financial Margins by Fiscal Year



Community health centers (CHCs) have experienced improved financial performance over the past five years through reduction of operating losses.

Note: Fiscal Year Ends (FYE) vary across CHCs: of 37 CHCs, 30 have a 6/30 FYE, 4 have a 9/30 FYE, 2 have a 12/31 FYE, and 1 has a 7/31 FYE.  
Source: CHC audited financial statements for free-standing CHCs from FY02 through FY06; for FY02, FY03, FY04, FY05, and FY06, 34, 35, 35, 37, and 37 CHCs, respectively, are included in this analysis

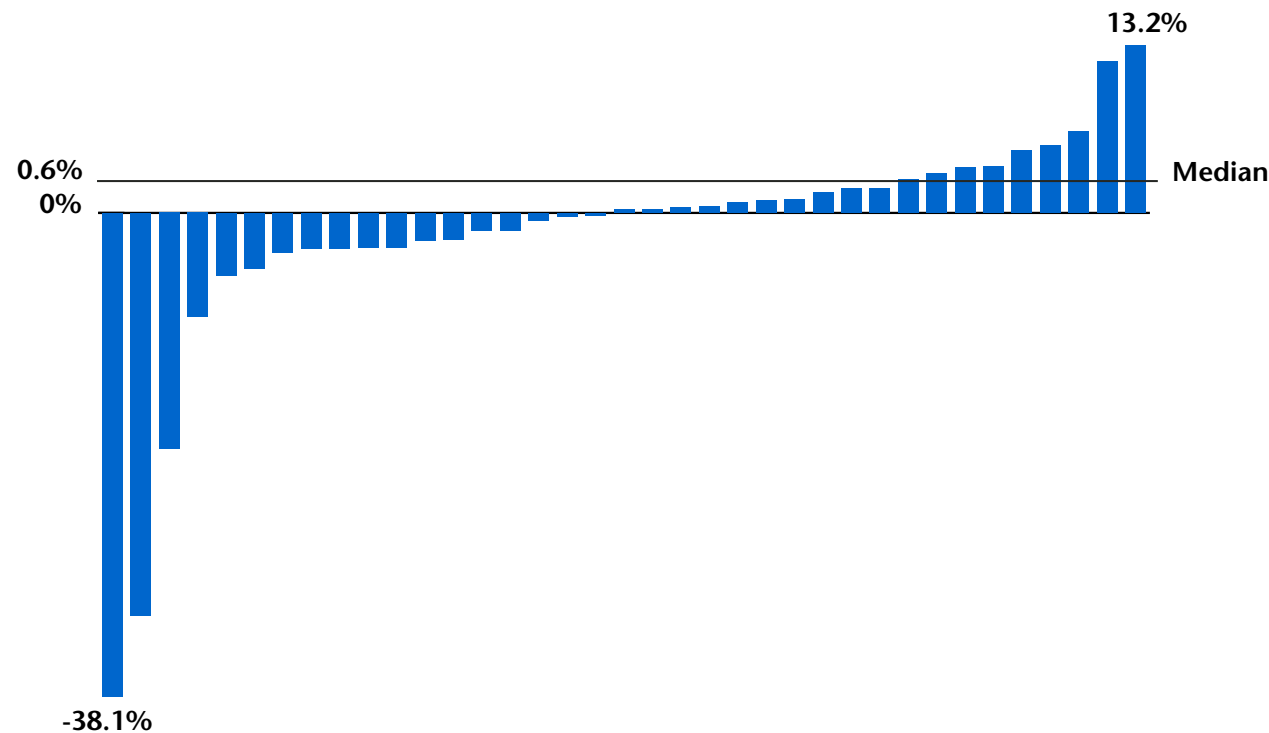
# CHC Total Margin in FY06



The total margin for community health centers ranged from -30% to 16% in their 2006 fiscal year. Three-quarters of community health centers experienced positive total margins in their 2006 fiscal year, however one-quarter lost money overall.

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal Year Ends (FYE) vary across CHCs: of 37 CHCs, 30 have a 6/30 FYE, 4 have a 9/30 FYE, 2 have a 12/31 FYE, and 1 has a 7/31 FYE.  
Source: CHC audited financial statements for 37 free-standing CHCs in FY06

# CHC Operating Margin in FY06

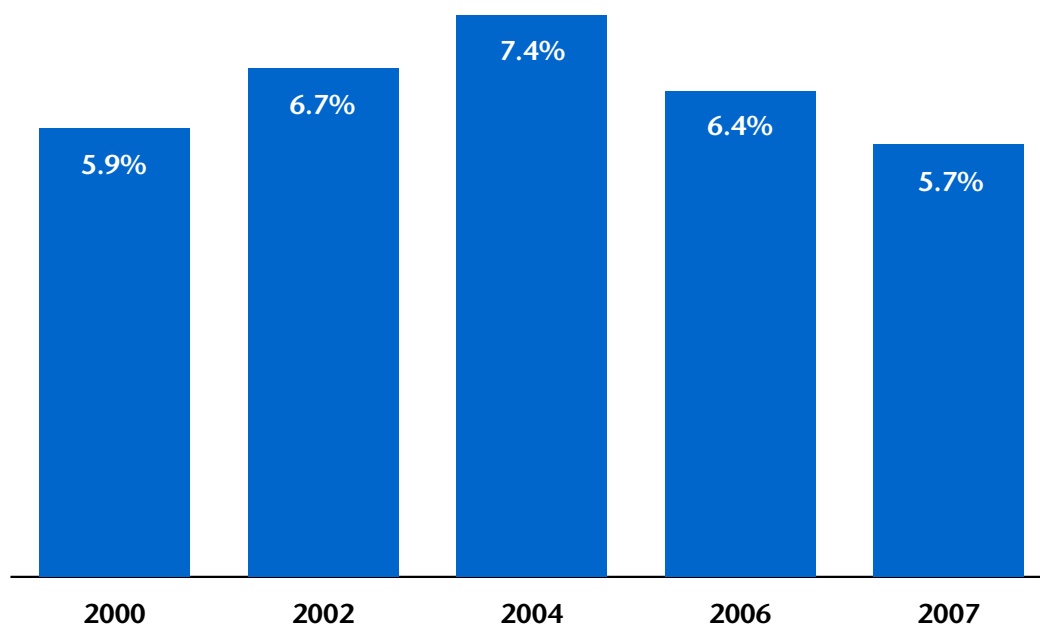


Operating margins for community health centers ranged from -38% to 13% in their 2006 fiscal year. Just over one-half of community health centers experienced positive operating margins, while just under one-half of community health centers lost money on operations.

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal Year Ends (FYE) vary across CHCs: of 37 CHCs, 30 have a 6/30 FYE, 4 have a 9/30 FYE, 2 have a 12/31, and 1 has a 7/31 FYE.  
Source: CHC Audited Financial Statements for 37 free-standing CHCs in FY06

## Don't Have Health Insurance

### Percent of All Massachusetts Residents

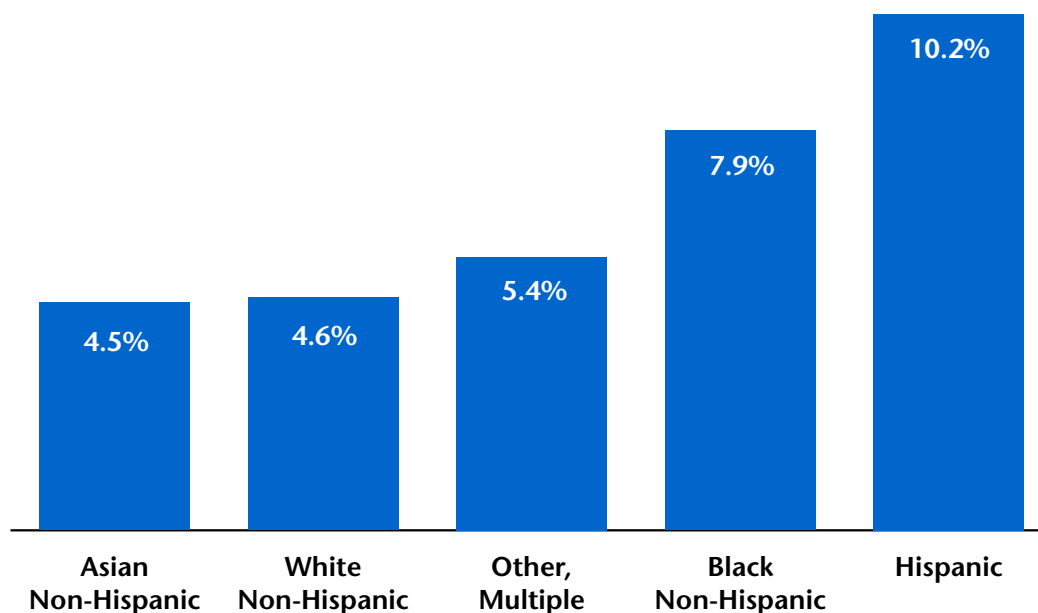


The overall uninsured rate for Massachusetts dropped from 6.4% in 2006 to 5.7% in 2007, and the number of people without coverage fell from 395,000 to 355,000, a 10% decrease reflecting the successful early implementation of health reform.

Sources: DHCFP Household Surveys for 2000, 2002, 2004, 2006, and 2007; surveys from 2000 through 2006 conducted February through June of the survey year; survey for 2007 conducted January through July of 2007

## Uninsured by Race and Ethnicity

Percent of All Massachusetts Residents, 2007

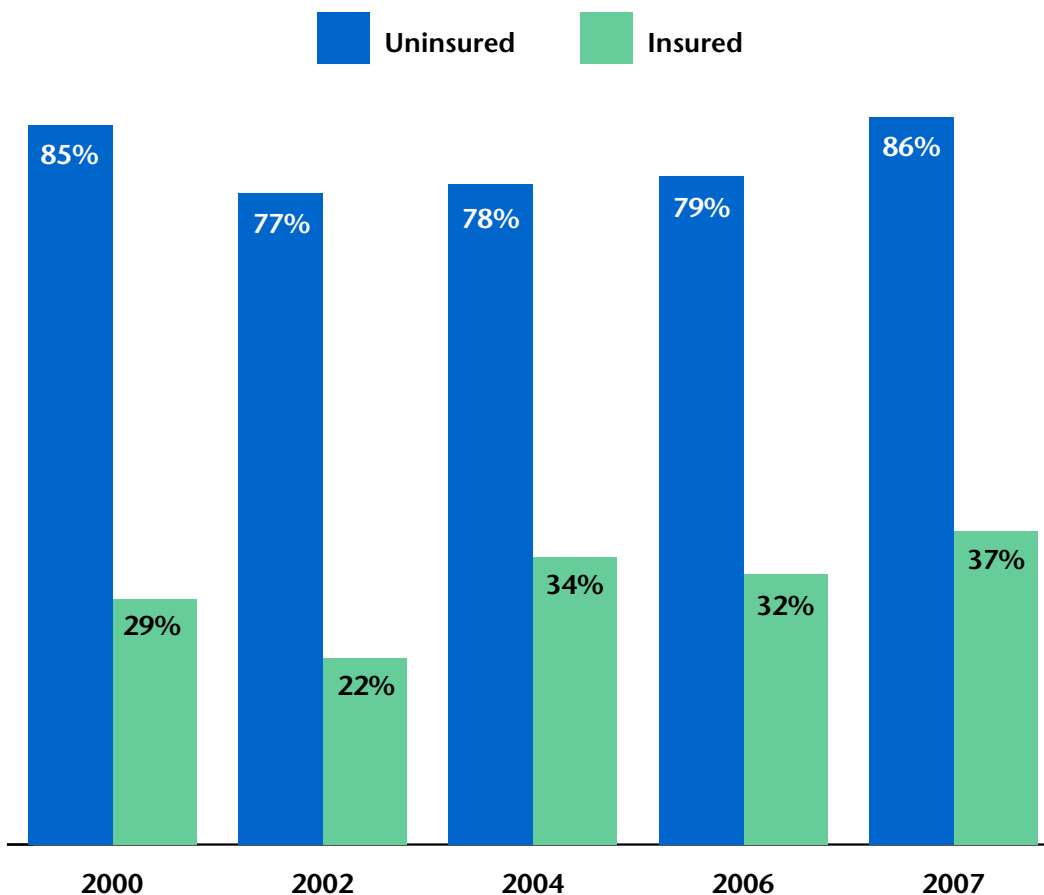


In 2007, 5.7% of all Massachusetts residents did not have health insurance. However, Hispanics and Black Non-Hispanic residents have higher rates of uninsurance when compared to other races and ethnicities.

Source: DHCFP Household Survey for 2007 conducted January through July of 2007

# Needed Care but Cost Was an Obstacle

Percent of Adults Ages 19 to 64

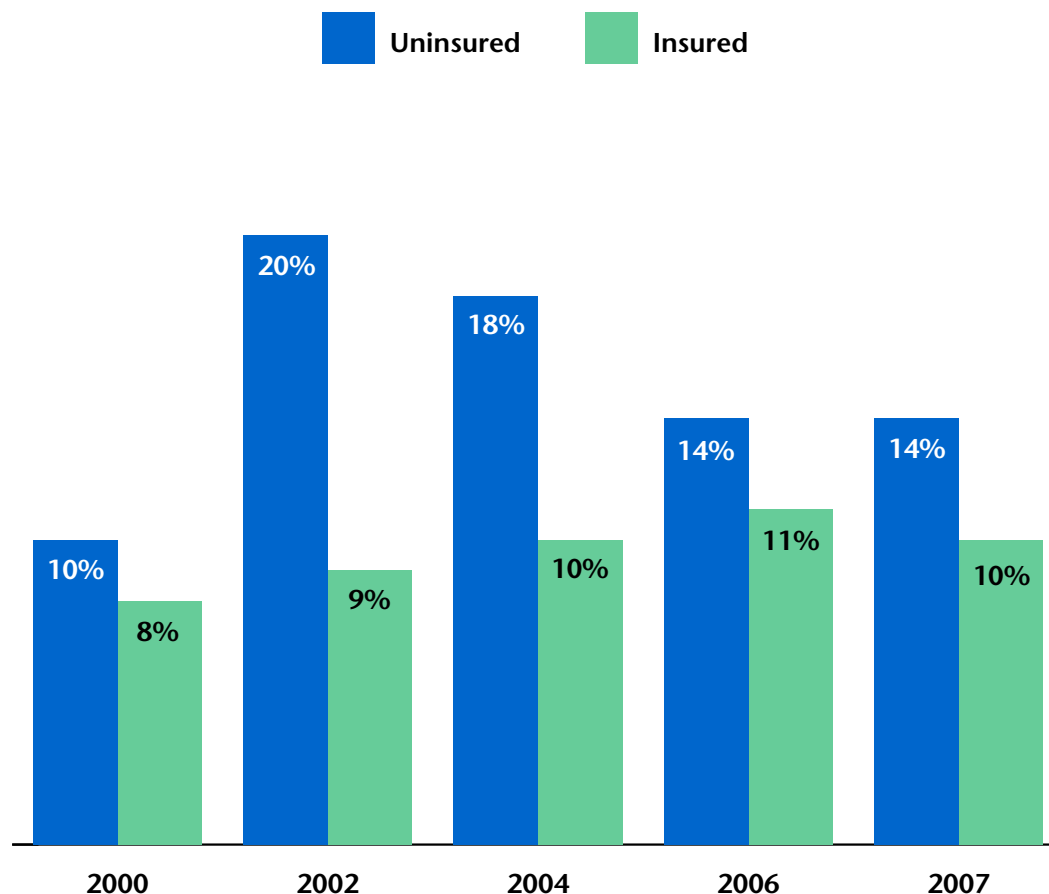


Cost appears to be a growing obstacle to accessing health care for Massachusetts residents and remains a significant barrier for most people without health coverage.

Sources: DHCFP Household Surveys for 2000, 2002, 2004, 2006, and 2007; surveys from 2000 through 2006 conducted February through June of the survey year; survey for 2007 conducted January through July of 2007

## Reported Being in Fair or Poor Health

### Percent of Adults Ages 19 to 64



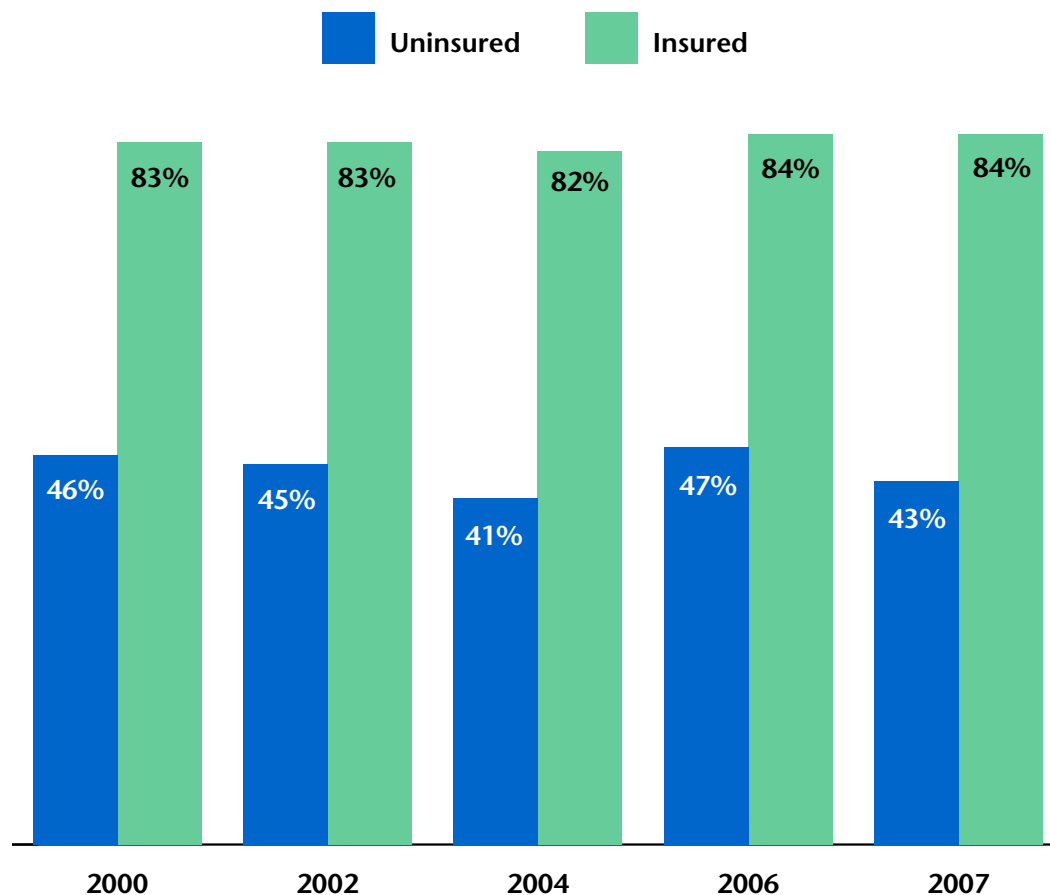
Most Massachusetts residents surveyed, both insured and uninsured, reported being in good or excellent health.

Note: The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007.

Sources: DHCFP Household Surveys for 2000, 2002, 2004, 2006, and 2007; surveys from 2000 through 2006 conducted February through June of the survey year; survey for 2007 conducted January through July of 2007



## Reported Having a Dental Visit in the Past Year, Percent of Adults Ages 19 to 64

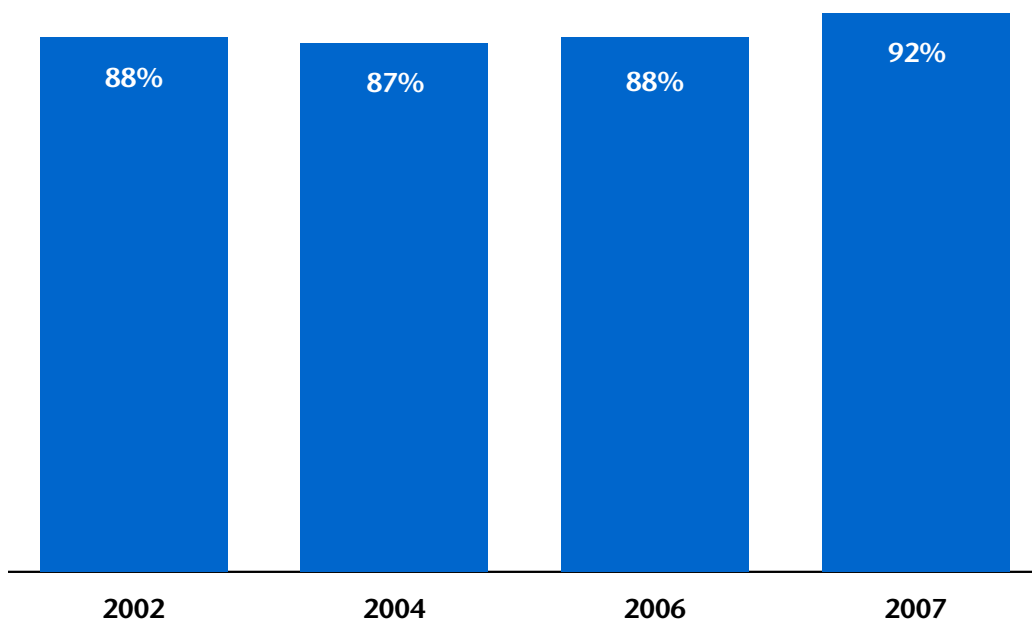


Only 43% of uninsured Massachusetts residents reported getting dental care in the past year compared to 84% of those with insurance coverage.

Sources: DHCFP Household Surveys for 2000, 2002, 2004, 2006, and 2007; surveys from 2000 through 2006 conducted February through June of the survey year; survey for 2007 conducted January through July of 2007

# Have a Personal Health Care Provider

## Percent of Adults Ages 18+



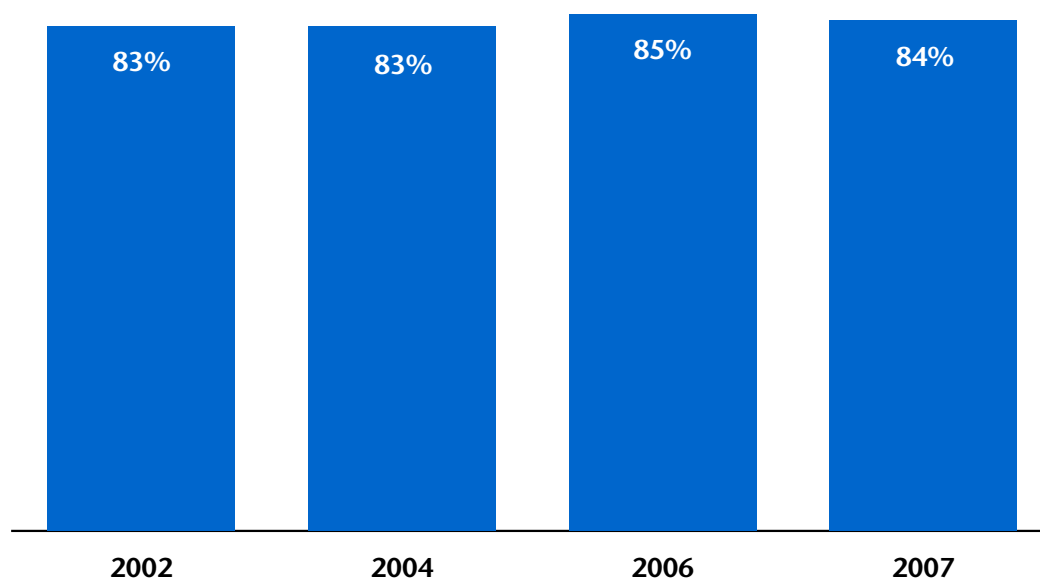
Percent of Adults Ages 18+ by Race/Ethnicity (Confidence Interval):

White	90% (89% - 91%)	90% (88% - 91%)	90% (89% - 91%)	94% (93% - 94%)
Black	82% (77% - 87%)	88% (83% - 93%)	87% (83% - 92%)	88% (86% - 90%)
Hispanic	70% (65% - 75%)	66% (60% - 72%)	70% (65% - 76%)	81% (79% - 83%)
Asian	78% (71% - 85%)	83% (77% - 90%)	80% (72% - 89%)	86% (82% - 89%)

Source: Massachusetts Department of Public Health (DPH) results from the Behavioral Risk Factor Surveillance System (BRFSS) for 2002, 2004, 2006, 2007; BRFSS survey conducted throughout the year

The vast majority of Massachusetts residents surveyed reported having a personal health care provider, a percentage that increased slightly in 2007 for all racial groups. However, a significantly lower percentage of Blacks, Hispanics and Asians reported having a personal health care provider compared to Whites.

## Had a Mammogram in the Past 2 Years, Percent of Women Ages 40+



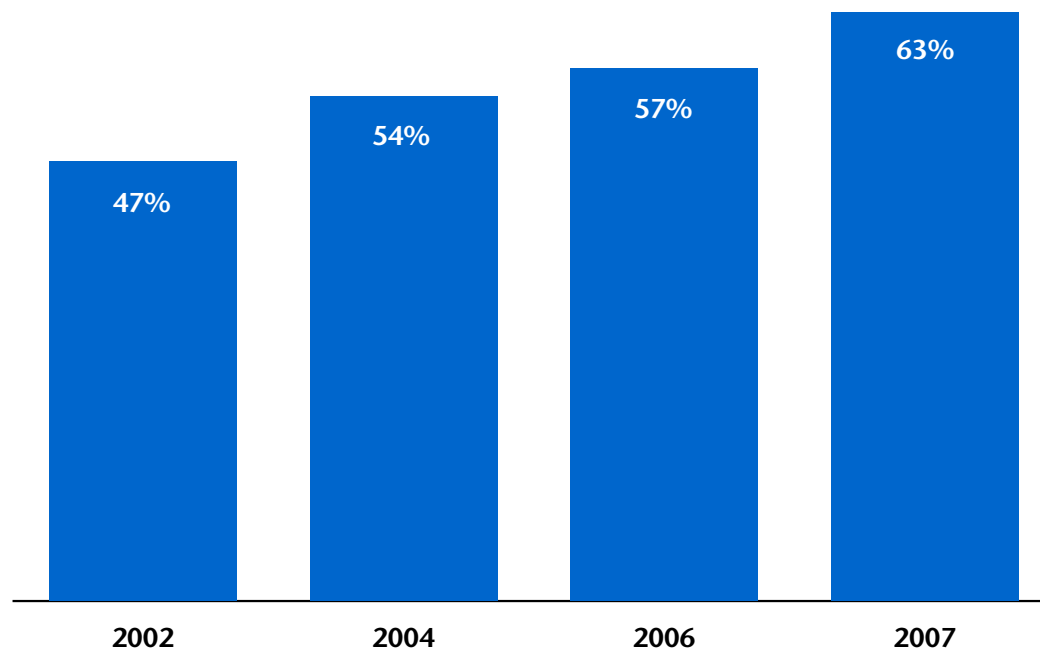
Percent of Women Ages 40+ by Race/Ethnicity (Confidence Interval):

White	83% (81% - 85%)	82% (81% - 84%)	85% (84% - 87%)	85% (83% - 86%)
Black	82% (71% - 92%)	79% (64% - 95%)	80% (71% - 89%)	82% (75% - 89%)
Hispanic	86% (80% - 92%)	88% (82% - 93%)	87% (82% - 92%)	87% (82% - 92%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data

Source: Massachusetts Department of Public Health (DPH) results from the Behavioral Risk Factor Surveillance System (BRFSS) for 2002, 2004, 2006 and 2007; BRFSS survey conducted throughout the year

Most Massachusetts female residents ages 40 and over reported having a mammogram to screen for breast cancer.

## Had a Sigmoidoscopy or Colonoscopy in the Past 5 Years, Percent of Adults Ages 50+



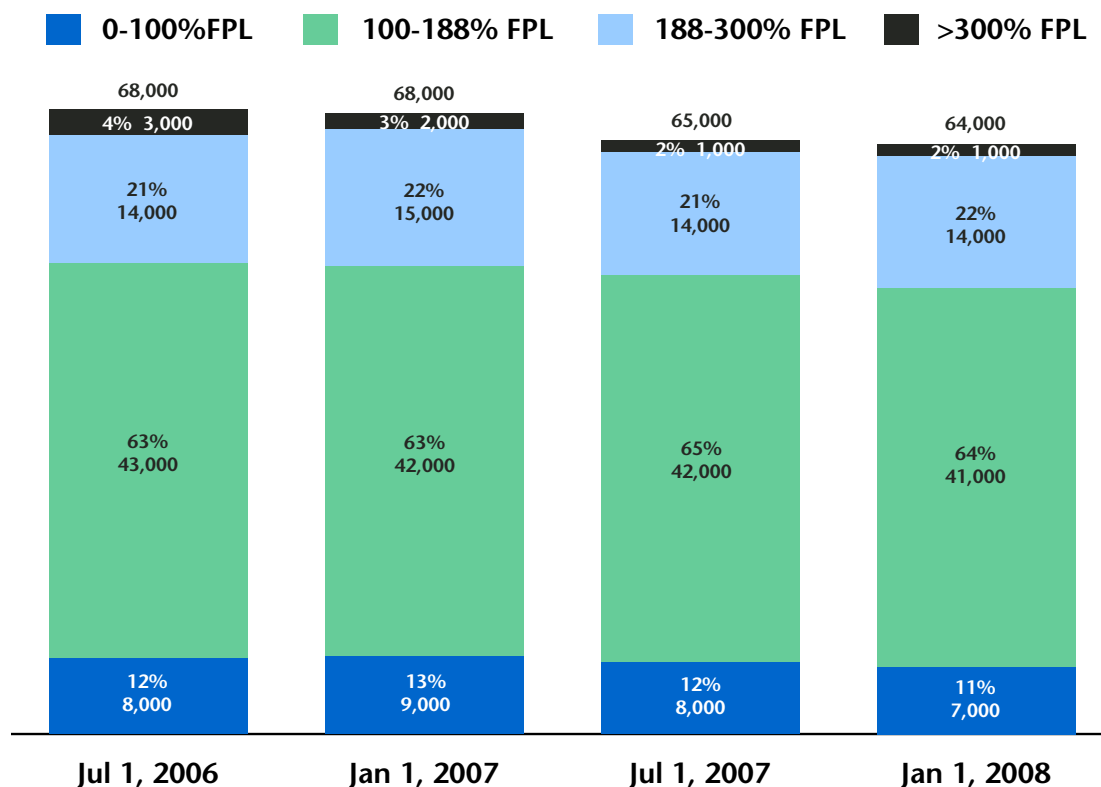
Percent of Adults Ages 50+ by Race/Ethnicity (Confidence Interval):

White	39% (37% - 42%)	48% (45% - 50%)	55% (52% - 57%)	63% (62% - 65%)
Black	54% (41% - 67%)	49% (34% - 63%)	54% (41% - 66%)	66% (58% - 74%)
Hispanic	30% (20% - 40%)	35% (24% - 45%)	51% (41% - 61%)	57% (50% - 64%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data

Source: Massachusetts Department of Public Health (DPH) results from the Behavioral Risk Factor Surveillance System (BRFSS) for 2002, 2004, 2006 and 2007; BRFSS survey conducted throughout the year

The number of Massachusetts residents ages 50 and over that reported having a sigmoidoscopy or colonoscopy to screen for colorectal cancer has increased significantly since 2002.

## Enrollment in Prescription Advantage for Seniors (ages 65 and older) by Percent of FPL



Approximately 7% of Massachusetts residents ages 65 and older are enrolled in Prescription Advantage.

Three-quarters of those enrolled have incomes below 188% of the Federal Poverty Level.

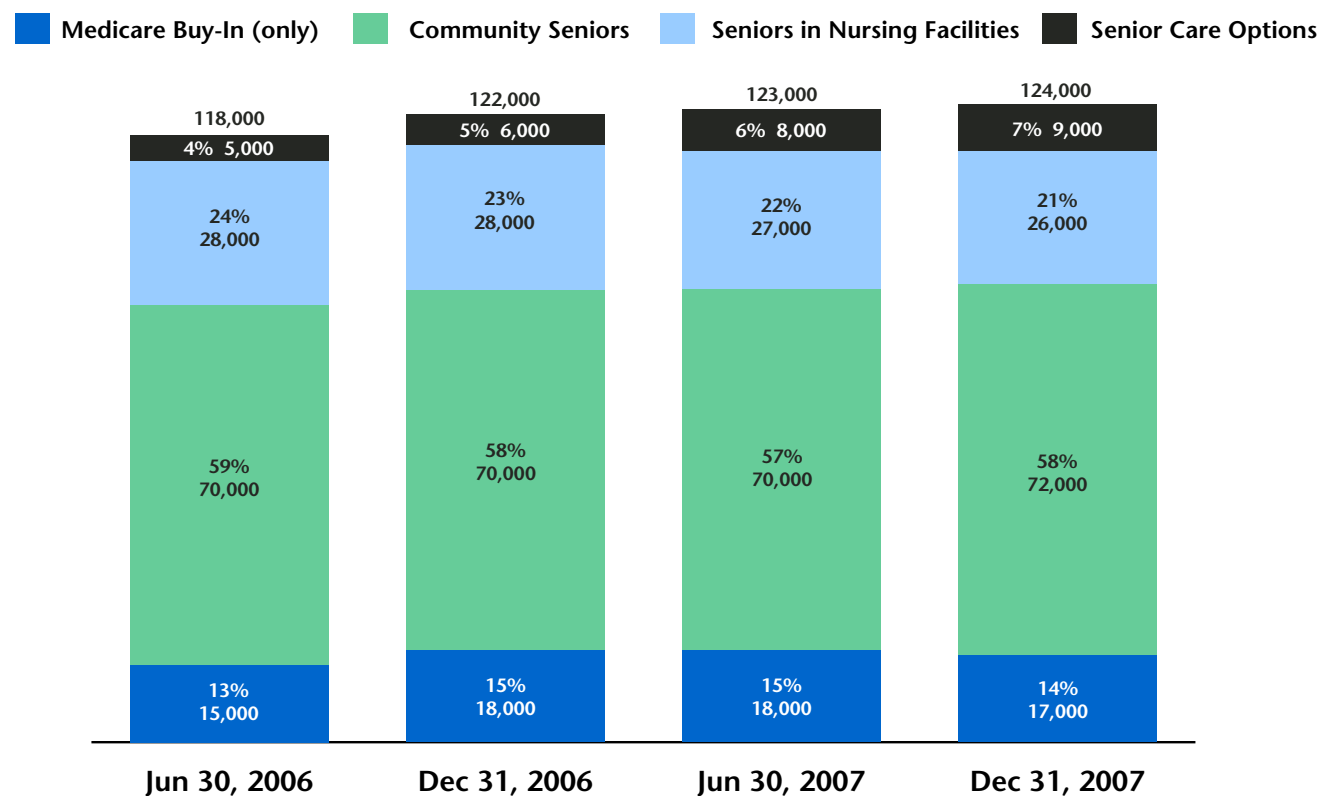
Enrollment declined after Medicare Part D was implemented in January 2006, but has held steady since continuous open enrollment became available in August 2007.

Note: Numbers rounded to the nearest thousand.

Source: Massachusetts Executive Office of Elder Affairs; US Census estimates from July 1, 2007 used to calculate the percent of Massachusetts residents ages 65 and older enrolled in Prescription Advantage

# MassHealth Members

## Ages 65 and Older



Since June 30, 2006 the number of seniors with MassHealth coverage residing in nursing facilities has declined by approximately 2,000.

The number of Senior Care Options enrollees has increased by approximately 4,000 in this same period.

Note: Numbers rounded to the nearest thousand.  
Source: MassHealth Monthly Enrollment Snapshot Report as of February 2008

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